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(City/State/Zip/Phone #)

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(Business Entity Name)

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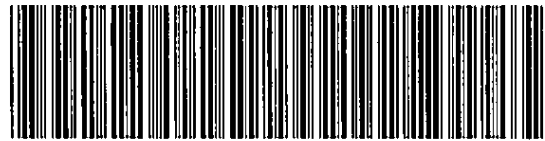
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2019 APR -2 PM 5:43

TELEPHONE

N/C & Amended

G. PRATHI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2019

JULIA GREENBERG-AGUILAR  
MYUSACORPORATION.COM  
1 RADISSON PLAZA, STE. 800  
NEW ROCHELLE, NY 10801

SUBJECT: TREV'S MULTI SERVICES, LLC  
Ref. Number: L17000151004

We have received your document for TREV'S MULTI SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 519A00001607

RECEIVED

2019 APR -2 AM 9:15

SECRETARY  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TREV'S MULTI SERVICES, LLC

**DOCUMENT NUMBER:** L17000151004

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia Greenberg-Aguilar

Name of Contact Person

MyUSAcorporation.com

Firm/ Company

1 Radisson Plaza Ste 800

Address

New Rochelle, NY 10801

City/ State and Zip Code

trevornorris.norris@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Morales at ( 877 ) 3302677  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TREV'S MULTI SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2019 APR -2 PM 5:13  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/14/2017 and assigned

Florida document number L17000151004.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PRECISION SEAMLESS GUTTERS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

5603 Cherry Tree Dr.

**(Principal office address MUST BE A STREET ADDRESS)**

Lakeland, FL 33811

**Enter new mailing address, if applicable:**

5603 Cherry Tree Dr.

**(Mailing address MAY BE A POST OFFICE BOX)**

Lakeland, FL 33811

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Trevor Lenton Norris

New Registered Office Address: 5603 Cherry Tree Dr.

*Enter Florida street address*

Lakeland

*City*

Florida 33811

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
 (If no effective date is indicated, the effective date is the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated February 13th, 2019

Trevor Nordin  
Signature of a member or authorized representative of a member

Trevor L. Norris

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Typed or printed name of signer

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2019 APR -2 PM 5:43  
TALLAHASSEE, FL