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COVER LETTER

ΓO: R D	egistration.Section	on rations		•
SUBJECT	r:D	4 Gutters	LLC	
		Name of Limit	ted Liability Company	
The enclos	sed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please retu	irn all corresponde	ence concerning this matter to	o the following:	
		Lo	Gan C. Person	nd
			Firm/Company	
		3735 Hw	oy 273 Address	
		Crace	VILL FL 32440 City/State and Zip Code	
	-	Grummond 10 E-mail address: (10	1900 1@ 9Mail Corr	ncation)
For further	r information conc	erning this matter, please ca	II:	
Logo	In Correction Name of Pe	arson	at (<u>\$50</u>) <u>703 - 1</u> Area Code Daytime	9916 e Telephone Number
Enclosed i	s a check for the f	following amount:		
\$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Address: Registration Sec	rtion	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKTICLESOFC	ROANIZATION	,
О	F	
(Name of the Limited Liability Compa	ing as it now annears on our i	2022 HO!! -9 P!! 3: 18
The Articles of Organization for this Limited Liability Company Florida document number 1700172359		1 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab ONSTRUCTION The new name must be distinguishable and contain the words "Limited Liabi	L.L.C	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	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 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	——————————————————————————————————————	Signate	ure of a member of	or authorized rep	resentative of a me	ember		