

L170000185104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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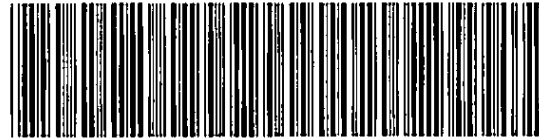
(Business Entity Name)

(Document Number)

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JUL 16 2020

AUG 27 2020
S. YOUNG

2020 JUL 16 PM 6:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tip of the Spear Gutters LLC
Name of Limited Liability Corporation

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aleah White
Name of Person

Tip of the Spear Gutters LLC
Firm/Company

Po Box 913
Address

Gulf Breeze, FL 32562
City/State and Zip Code

tip.spear.gutters@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleah White at (850) 776 0292
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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**

Tip of the Spear Gutters LLC

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

7028 JUL 26 PM 6:18

The Articles of Organization for this Limited Liability Company were filed on 02/23/2018 and assigned
Florida document number L17000185104.

This amendment is submitted to amend the following:

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

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:

(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 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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
MGR	CHRISTOPHER T. MASSICOTTE	3346 CRESTVIEW LN	<input checked="" type="checkbox"/> Add
		GULF BREEZE, FL 325163	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LACEY M. MASSICOTTE	3346 CRESTVIEW LN	<input checked="" type="checkbox"/> Add
		GULF BREEZE, FL 325163	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal black lines across its width, providing a guide for writing. The paper itself is off-white and appears slightly aged. There are no markings, text, or illustrations on the page.

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 13th 2020

1000

Signature of a member or authorized representative of a member

Algae white

Typed or printed name of signee