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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tammy Parrott			
		Name of Person		
	Level Best Services, LLC			
		Firm/Company		
	826 NE 592nd Street			
		Address		
	Old Town, FL 32680			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	secr2tammy@gmail.com			
	E-mail address: (to be used for future annual report not	dification)	
For further information o	oncerning this matter, please c	all:		
Tammy Parrott		352 356-2110 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 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)	
Mailing Address		Street Address:	vation	
Registration S Division of C		Registration So Division of Co		
P.O. Box 632		The Centre of	•	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

EDWARD PARROTT & SONS SITE PREP AND SEAMLESS GUTTERS, LLC

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

re filed on Oct 03, 2017	and assigned
y company here:	
Company," the designation "LLC" or	the abbreviation "L.L.C."
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	- ••
ress on our records, <u>enter the</u>	name of the new registered
Enter Florida street address	
El o mini	la.
, Florid	1 2
<u> </u>	company here: Company," the designation "LEC" or ress on our records, enter the

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>	Name	Address	Type of Action
	HUNT , KASON L	500 West Park Ave. Apt. 208	
		Chiefland, FL 32626 US	≣Remove
			🗆 Change
			□Add
			Пепюче
			□Change
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ffective date, if oth an effective date is listed Note: If the date inser locument's effective d	l, the date must be spe ted in this block do	ecific and cannot be po ses not meet the app	licable statutory filir	(option more than 90 days after fing requirements, this o	nal) ling.) Pursuant to 605.0207 date will not be listed as
	ayed effective date,	, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
record specifies a dela d is filed.					
		, 2024	<u>_</u> ;)		
d is filed.		Jan min	Part I E	e of a member	