

WI 7000 245 346

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

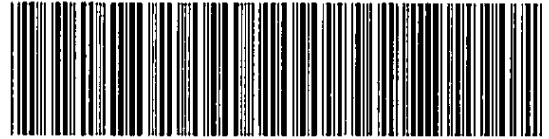
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 AUG -8 PM 6:06

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AUG 13 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gutter Rx LLC  
\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Dawn Eihardt  
\_\_\_\_\_  
Name of Person

Gutter Rx LLC  
\_\_\_\_\_  
Firm/Company

P.O. Box 273585  
\_\_\_\_\_  
Address

Tampa Florida 33688-3585  
\_\_\_\_\_  
City/State and Zip Code

com  
Alleutterservicesllc@gmail  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Eihardt 813 895-0353  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

2019 APR -8 PM 6:06

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

**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**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the data must be specific.)

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 1 2019

Dawn Ehardt  
Signature of a member or authorized representative of a member

Dawn Ehardt  
Typed or printed name of signee