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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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2019 ALIS -8 PH 6: 06

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COVER LETTER

Division of Co	orporations		
Gutter Rx SUBJECT:	LLC		
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dawn Eihardt		
		Name of Person	
	Gutter Rx LLC		
		Firm/Company	
	P.O. Box 273585		
		Address	
	Tampa Florida 33688-358.	5	
	com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Alloutterservices lle@omail	to be used for future annual report notifi	ention)
For further information of	concerning this matter, please c	·	
Dawn Eihardt		813 895-0353	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

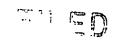
Registration Section

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 ATT -8 PM 6: 06

Gutter Rx LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000245346</u> .	y were filed on November 30, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
All Gutter Services LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4810 Cypress Tree Drive
Principal office address MUST BE A STREET ADDRESS)	Tampa Florida 33624
Enter new mailing address, if applicable:	P.O. Box 273585
Mailing address MAY BE A POST OFFICE BOX)	Fainpa Florida 33688-3585
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :
	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 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> Paul Beaupre	Address PO Box 273585	Type of Action
COO		Tampa FL 33688-3585	
			■ Remove
		-	D Change
			Add
			_□ Remove
			Change
	-		
			Remove
			☐ Change
			
			□ Remove
			☐ Change
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			☐ Remove
			£1.05

	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Villantina data iz u u	July 1, 2019	
Effective date, if other than If an effective date is listed, the da	te must be specific and cappor by mineral to the first	
	his block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	.0205 ed as
e record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlie record is filed.	er of
Pated	2019	
Au	on Phart	
\mathcal{A}	Signature of a member or authorized representative of a member	
DALLO	Elhardt	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00