

L17000245346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Gutter Services 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:

Michael Cayler
Name of Person

All Gutter Services LLC
Firm/Company

5147 W Clifton St
Address

Tampa 33634
City/State and Zip Code

Amanda @ a1sgs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Cayler at (813) 317-8632
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**

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

The Articles of Organization for this Limited Liability Company were filed on 11/30/2017 and assigned Florida document number L17000245346.

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)

5147 W Clifton St
Tampa 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 272747
Tampa 33688

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:

Michael Cayler

New Registered Office Address:

5147 W Clifton St

Enter Florida street address

Tampa

City

Florida

33634

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.

Michael R Cayler

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>
<u>MGR/CEO</u>	<u>Trent Cayler</u>	<u>17621 Meadowbridge Dr.</u>	<input type="checkbox"/> Add
		<u>Lutz Fl. 33549</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR/CEO</u>	<u>Dawn Ghardt</u>	<u>17621 Meadowbridge Dr.</u>	<input type="checkbox"/> Add
		<u>Lutz Fl. 33549</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u> <u>MGR</u>	<u>Michael Cayler</u>	<u>5147 W Clifton St</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa 33634</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u> <u>AMBR</u>	<u>Amanda Cayler</u>	<u>5147 W Clifton St</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa 33634</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(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)

Dated July 28th 2023

Signature of a member or authorized representative of a member

Dawn Ehardt Amanda Cayler
Typed or printed name of signee