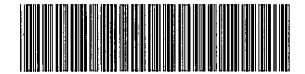
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(Requestor's Name)
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PICK-UP WAIT MAIL
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FILED
2021 OCT -4 AM 2: 51

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	GUTTERS, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	- -	
	Mike Austin		
		Name of Person	
	ENDLESS GUTTERS, LE	.c	
		Firm/Company	
	1462 Old Millpond Road		
		Address	
	Melbourne, FL 32940		
		City/State and Zip Code	
	mike@endlessgutters.com		
For further information of	e-mail address: (to be used for future annual report nall:	ottrication)
Mike Austin		321 265-2345	
Name o	of Person	at () Area Code Dayı	time 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632	2.7	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ENDLESS GUTTERS, LLC

2021 OCT -4 AM 2:50

(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) Sida Limited Liability Company)	CRETARY OF STATE LAHASSEE, FLORE
The Articles of Organization for this Limited Liability Florida document number L18000201044		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	B-7 - 191 - 1-
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, enter the n	name of the new regist
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
<u> </u>	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Laura Wielenga	1462 Old Millpond Road	= Add
		Melbourne, FL 32940	
			□Change
			□Add
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
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Addition According		Signature of a	member or auth	orized representati	ve of a member		

Filing Fee: \$25.00