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COVER LETTER

Division of Corporations
SUBJECT: A Team Scanless Rain Gutters 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:
Joanne Sanchez Name of Person
A Team Seamless Rain Gusters
2011 11th St NW
Winter Haven 33881 City/State and Zip Code
Granscantess Jutter annual report notification) mail. Con
For further information concerning this matter, please call:
Joanne Sanches at 843 845-0189 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION E. ED

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OF

A Team Scanless F	ain Gut	ters Live
(A Florida Limited I	ny as it now appears on or liability Company)	TEXTING DELIFE
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900041959</u>	were filed on <u>Febr</u>	uary 11, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A Team Seamless Rain The new name must be distinguishable and contain the words "Limited Liabil	Gytter5 ity Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	•
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
er er		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	City	, Florida 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 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 = Auth	norized Member		
<u>Title</u>	Name	Address	Type of Action
Manager	Joanne Sanchez	2011 11th St NW Winter Haven	Add Add
HIVE		While Haco)	Remove
wc19 V			Change
unger HMBR	Raul Sanchez	2011 11th St NW Winter Haven	j vdd
		Wirter Haven	Remove
			Change
-			🗆 Add
			Remove
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ective date, if	other than the d:	ate of filing:				(optional)	
te: If the date i	other than the da listed, the date must be inserted in this block we date on the Department	k does not me	et the applicab	date of filing o ble statutory fi	r more than 90 a ling requirem	days after filing.) ents, this date v	Pursuant to 605.024 will not be listed a
record speci he 90th day	fies a delayed e after the recor	effective da d is filed.	te, but not	an effectiv	e time, at 1	.2:01 a.m. c	on the earlier
ed Feb	quary ?	26.	2019	<u>.</u> .			
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	Joanne	gnature of a me	ember or authori	ized representati	Ray L	Sanche	Z

Page 3 of 3

Filing Fee: \$25.00