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## COVER LETTER

	Registration Se Division of Cor			
cunuc		Soft Spray and Exteriors, LLC		•
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Taylor Gardner		
		· .	Name of Person	
		Scabreeze Soft Spray and I	Exteriors, LLC	
		<del></del>	Firm/Company	
		6202 Land O' Lakes Blvd		
			Address	
		Land O' Lakes/FL 34638		
			City/State and Zip Code	
		tgardnergutters@gmail.com		
For furth	er information c	E-mail address: ( oncerning this matter, please e	to be used for future annual report not all:	fication)
Taylor G	iardner		813 486-2730 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
₩ \$25.0	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)
	Mailing Addres Registration 5		Street Address: Registration Se	ction
	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scabreeze Soft Spray and Exteriors, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 04/01/2019	and assigned
Florida document number L19000088727		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Taylor Gardner Gutters & Exteriors, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hty 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)		023
		E. E.
		5
Enter new mailing address, if applicable:	PO Box 1874	الة ، ح
•••	Land O' Lakes, FL 34639	
(Mailing address MAY BE A POST OFFICE BOX)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		<u>N</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	ne name of the new register
	Enter v torida street adaress	
	, Flor	rida
	·	гар Соае
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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Note:	ve date, if other than the da ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depa	does not meet the appli	icable statutory filing (	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 ( will not be listed as t
e record rd is file	d specifies a delayed effective da ed.	ate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated _	December 4	2023	<u></u> ·		
	9				
		<del></del>			
	Sig	gnature of a member or aut	horized representative of	a member	<del></del>

Filing Fee: \$25.00