119000218296

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
· · · · · · · · · · · · · · · · · · ·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LIUKE

Office Use Only



600338948456

01/16/20--01006--011 **35.06

R WHITE FEB 20 2020 31 . 20 Ft 2: 55



February 13, 2020

CHRISTOPHER HOWARD 4090 WINDSOR PARK DR E. JACKSONVILLE, FL 32224

SUBJECT: REPEL DRY GUTTER SYSTEMS LLC

Ref. Number: L19000218296

We have received your document for REPEL DRY GUTTER SYSTEMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 820A00003277

COVER LETTER

TO: Registration Section

Division of C	orporations		
Repel D	ry Gutter Systems LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Chris Howard		
		Name of Person	
	Repel Dry Gutter System		
		Firm/Company	
	4090 Windsor Park Dr. I	<u> </u>	
		Address	
	Jacksonville FL, 32164		
		City/State and Zip Code	
	chris@repel-dry.com E-mail address: (to be used for future annual report notificat	ion)
For further information	n concerning this matter, please c	•	
Chris Howard		904 337-9008	
Nam	e of Person	at () Area Code Daytime Te	lephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corpor The Centre of Talls 2415 N. Monroe S	rations ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 20 F" 2: 55 **OF**

Repel Dry Gutter Systems LLC.					
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability (Florida document number L19000218296	Company were filed on 8/27/19	and assigned			
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
Repel Dry LLC.					
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	- 			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	 _	_, Florida			
	Cto	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.

·					
					
					
					
					
				-	
	<u>-</u>				
					<u> </u>
					
	-				
			-		
 .					
ffective date, if other	r than the date of filir	ng:		(option:	al)
Sote: If the date insert	the date must be specific and in this block does not	meet the applical	odate of filing or more ole statutory filing re	than 90 days after fill equirements, this d	ng.) Pursuant to 605.02 ite will not be listed.
locument's effective da	ite on the Department of	State's records.			
1		~			
record specifies a dela d is filed.	yed effective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
02/19 Pated	<u> </u>	2020	_		
	Mr. Ham	1	-		
,	, ME CRIMIN	4)			
	Cilmina S		zed representative of	 _	