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	(Address)
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COVER LETTER

	on Section f Corporations		SON
SUBJECT:		and Gotters LLi Liability Company	C.
The enclosed Articl	es of Amendment and fee(s) are submit	ted for filing.	
Please return all cor	respondence concerning this matter to t	the following:	
	Isaios B.	Martine 7 Name of Person	
	Isaiah's Roo	fing and Gutters Einn/Company	LLC
	3024 N. F	Address Address	
	Orlando F	City/State and Zip Code	
	<u> </u>	c used for futurical number of the formal report notifical	tion)
For further informat	tion concerning this matter, please call:		
Isaics N	1. Martine 7.	at (<u>956</u>) <u>756</u> Area CodeDaytime To	G699 elephone Number
Enclosed is a check	for the following amount:		
\$25,00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gertified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		O	F		6
	Saigh'S Ro	d Liability Compai A Florida Limited L	ny as it now appears on diability Company)	our records.)	
The Articles o	f Organization for this Limited Li	ability Company	were filed on Sept	- 19 2	019 and assigned
	nent number <u>L 1900023</u>		·	,	Ů
This amendme	ent is submitted to amend the follo	wing:			
A. If amendi	ng name, <u>enter the new name of</u>	the limited liabi	lity company here:		
		mless Gi	uters ilc		
The new name m	ust be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designa	ation "LLC" or the	e abbreviation "L.L.C."
Enter new pr	incipal offices address, if applica	ıble:	NIA		
(Principal off	ice address MUST BE A STREET	(ADDRESS)			
Enter new ma	ailing address, if applicable:		NIA		
l	ess MAY BE A POST OFFICE I	BOX)			-
					
				_	
	ling the registered agent and/o ent and/or the new registered off			records, <u>ent</u>	er the name of the new
<u>Nam</u>	e of New Registered Agent:	NIA	-		
<u>New</u>	Registered Office Address:	NIA		<u>.</u>	
			Enter Florida sti	reet address	
			City	, Florida	Zip Code
j			Cuy		лір Соав

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MIA			D Add
			☐ Remove
			Change
			Add
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	Iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec	e date, if other than the date of filing:
<u>ote:</u> I	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
, curre	s enecure date on the Department of State 3 records.
reco	\parallel ard specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
ated _	Movember 8 . 2019.
	\cap 1
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	TSaias R. Martinez Typed or printed name of signee
	Isaias L. Martinez

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Filing Fee: \$25.00