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	Requesto	r's Name)	
	Address)		-
(Address)	<u>-</u>	
	City/State	/Zip/Phone	#)
PICK-UP		WAIT	MAIL
	Business	Entity Name	e)
	Documen	t Number)	
Certified Copies	(Certificates (of Status
Special Instructions	to Filing C	Officer:	

Office Use Only



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COVER LETTER

	istration Se sion of Cor			
SUBJECT:	Fo	rgotten Coast Name of Lin	Scambess (40)	ters UC.
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ali correspo	ondence concerning this matter	to the following:	
		Robbie	Blanton Name of Person	
		Forgo	ten Coast Seam	luce Gutter une
		12660 BI	ountstown Hwy Address	
		Robbieb E-mail address:	City/State and Zip Code Canton O3 asymato be used for future annual ryport not	VI. COM
For further int	formation o	oncerning this matter, please c		
Ro	Name of	Blanton Person	at (<u>\$5.6</u>) <u>\$6.6</u> Area Code Daytin	-1656 ne Telephone Number
Enclosed is a	check for th	c following amount:		
□ \$25.00 Fi	ling Fœ	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forgotten Coact Seanless Gutters LUC
(Name of the Limited Liability Company as it now appears on our records.)

	_	
he Articles of Organization for this Limited Liability Con	npany were filed on $10/10$	and assigned
lorida document number <u>L1900e255087</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here: Tal	llahassee Gotter Was
/ALLAHASS	EE GUTTERWE	erks llc
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	SAME	
Principal office address MUST BE A STREET ADDRE		
		r
inter new mailing address, if applicable:	SAME	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u> ,
	"-	-y 1
		0.
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent:		
Name of New Registered Agent:	ffice address on our records, <u>en</u>	••
gent and/or the new registered office address here:		iter the name of the new registe
Name of New Registered Agent:	S A S E Enter Florida street ad	ter the name of the new registe
Name of New Registered Agent:	S A S E Enter Florida street ad	iter the name of the new registe
Name of New Registered Agent:	Enter Florida street ad	ter the name of the new registe

SAME

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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		-	□Change
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effective d te: If the c	ate is listed, the data inserted in		c and cannot be not meet the a	pplicable statu			l) g.) Pursuant to 605 te will not be liste	
cord speci s filed.	fies a delayed e	ffective date, but	not an effect	tive time, at 12	:01 a.m. on the e	artier of: (b)	The 90th day after	r the
ed	Aug	Signature	7 th 21	020				
			m/3					
					. – . – – –			
		Signature	ot a member or	r authorized reps	esentative of a mer	nber		