## L19000278432

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## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations		
	utter Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
	Jennifer Villar Garcia		
		Name of Person	
	C & A Gutter Solutions L1	.c	2021 SEC
	228 Vinewood Drive	Firm/Company	2021 APR 19 PH 2: 37 SECRETARY OF STATE FULL THE SECRETARY OF STATE
		Address	
	Sanford FL 32773		2: 3 STAT
		City/State and Zip Code	
	CandJGutters@gmail.com		<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please ca	all:	
Jennifer Villar Garcia		407 590-1053	
Nam	e of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & A Gutter Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
he Articles of Organization for this Limited Liability Company	were filed on November 4, 2019 and assign	ned
orida document number L19000278432		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
& J Gutters LLC		
he new name must be distinguishable and contain the words "Limited Liabil		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	S 2:	
nter new mailing address, if applicable:	228 Vinewood Drive Sanford FL 32723 $\omega$	
Mailing address MAY BE A POST OFFICE BOX)		
16 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	address on any records and or the purpose the page	eneric
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	indress on our records, enter the name of the new r	egis
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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 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
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			□Remove
			□Change
			□Add
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			2021 APR 19 PM 2: 37
			☐ Remove
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ctive date, if other th		April 27, 202	.1		(optional)		
effective date is listed, the If the date inserted i	date must be specific ar	nd cannot be prior to	o date of filing or m	ore than 90 day	s after tiling.) F	ursuant to	605.02 listed
ment's effective date of			one statutory titra	grequiremen	s, ms dae w	in not oc	11,51041
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ord specifies a delayed filed.	effective date, but no	ot an effective tin	ie, at 12:01 a.m.)	on the earlier	of; (b) The	oun day a	nter tr
Amril 12		2021					
d <u>April 12</u>	7	. • = 1	/	,/,			
		1/ Km	12	UL			
	Signature of ;	7	ized representative	of a member	_		•