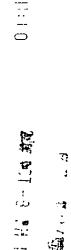
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special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





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C GOLDEN OCT - 9 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_10/8/2020		
		WALK IN
ENTITY NAME HOME S	SEAMLESS GUTTERS LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
#	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENT	777/
,	LLASE ODITION THE FOLLOWING FOR THE HOUSE ENT	// 9
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	•
COUNTRY OF DESTINAT.	TON	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: 120	160000072
		· 1
Please call Tina at th	e above number for any issues or concerns. The	ank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50 (-0 (M): 10

Home Seamless Gutters LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12-24-2019}{1}$ and assigned Florida document number 1.20000004357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to mercly 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

Title	<u>Name</u>	Address	Type of Action
AMBR	LUIS ORLANDO CARRILLO TORRES	3844 KEWANEE ROAD	⊒ Add
		LAKE WORTH, FL 33462	
			Add
			U Adg
			☐ Remove
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Effective date, if other than than than effective date is listed, the date Note: If the date inserted in this document's effective date on the	block does not meet the	ie applicable stati	filing or more than utory filing require	(optional) 90 days after filing.) Pu ements, this date will	rsuant to 605,0207 I not be listed as
e record specifies a delay The 90th day after the r	ed effective date, ecord is filed.	but not an ef	fective time, a	t 12:01 a.m. on	the earlier of
0-08 Dated		20			
	Castillo Valdes Signature of a membe				

Page 3 of 3

Filing Fee: \$25.00