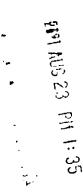
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(City/State/Zip/Phone #) PICK-UP	(Re	equestor's Name)	
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Office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



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COVER LETTER

elin irot.	Home Sear	nless Gutters LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkerest Dr., Suite I	207	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.co		
			to be used for future annual report t	notification)
For further in	itormation c	oncerning this matter, please ca	all:	
Jenny Count	Z.		844 493-6249 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Seamless Gutters LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 12/24/2019 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 e	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	22
	AUG.
Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	72
	
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B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
(1	ity 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Type of Action <u>Title</u> <u>Name</u> <u>Address</u> Leandro Castillo Valdes 38-14 Kewance Road **AMBR** _□ Add Lake Worth, FL 33462-2214 ■ Remove ☐ Change _□ Add ☐ Remove __ D Change FD Add G 23 PH _□Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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		. 35 : 35
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ective date, if other than th	e date of filing:	(optional)
reffective date is listed, the date mu te: If the date inserted in this b	ist be specific and cannot be prior to date of filing colors does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0 Iling requirements, this date will not be listed
cument's effective date on the I		
record specifies a delaye he 90th day after the re		e time, at 12:01 a.m. on the earlier
•		
August 17	2021	
	A C A D D H T (A TCAD D C C	
/s/ LUIS ORLANDO	Signature of a member or authorized representa	tive of a member

Page 3 of 3

Filing Fee: \$25.00