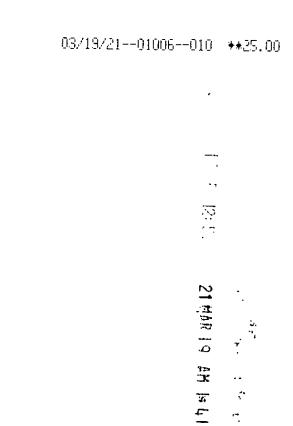
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

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TO: Registration Section

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Division of Corporations	
SUBJECT: White Rose Gutters LEC	
	ign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Patricia C Marlow	
Name of Person	
White Rose Gutters LLC	
Firm/Company	 -
1491 Shadeville Rd	
Address	
Crawfordville FL 32327	
City/State and Zip Co	ode
WRGutters	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter	er, please call:
Patricia C Marłow	at (<u>850</u>) <u>933-3299</u>
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the followin	
■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 ______ and assigned Florida document number ______ 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 "L.L.C." 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

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>	Name	Address	Type of Action
AMBR	Thomas E Nollon	154 Summer St	
	154 Summer St Spolippy 72 32358	□Remove	
			□Change
			🗖 Add
			□Remove
			□ Change
			🗆 Add
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		□Add	
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			□Change
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			□Remove
			Change

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
he recore ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	2021 Political Markov Signature of a member or authorized representative of a member
	Patricia Mristine Motilor Typed of printed name of signee

Filing Fee: \$25.00