

LZO 000062721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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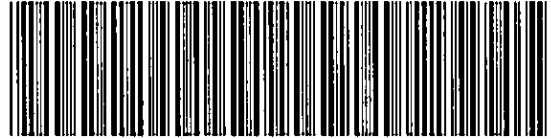
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2020 SEP 17 PM 5:56

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D. BRUCE
OCT 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GF GUTTERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GENESIS M. DOMINGO

Name of Person

GF GUTTERS LLC

Firm Company

5343 ROYAL PLANTATION BLVD

Address

PORT ORANGE, FL 32728

City/State and Zip Code

GFELEMENTT@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

GENESIS M. DOMINGO

386

383-1555

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for 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)

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**

GF 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 02/25/2020 and assigned Florida document number 120000062721.

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)

5343 ROYAL PLANTATION BLVD

PORT ORANGE, FL 32128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5343 ROYAL PLANTATION BLVD

PORT ORANGE, FL 32128

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TALLAHASSEE, FL

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:

GENESIS DOMINGO

New Registered Office Address:

5343 ROYAL PLANTATION BLVD

Enter Florida street address

PORT ORANGE


Florida 32128

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO VARGAS	715 BRIARCLIFFE ST	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32773-5003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 09/15/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 15, 2020



Signature of a member or authorized representative of a member

GENESIS DOMINGO

Typed or printed name of signee

Filing Fee: \$25.00