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## **COVER LETTER**

TO:

TO: Registration So Division of Co			
		RTINEZ REPAIR & INSTĄĻĻAT	TON-LLC+++ : *
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAR	IA L SALES DE PEREZ	
		Name of Person	
	SEAMLESS GUTTERS V	ASQUEZ MARTINEZ REPAIR 8	& INSTALLATION
	<del></del>	Firm/Company	<del></del>
	645	I SW 17TH STREET	
		Address	
	POMP	ANO BEACH FL 33068	
	<del></del>	City/State and Zip Code	
	MILTONFORE	VER7@GMAIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
MARIA L SAL	ES DE PEREZ	954 687-7246 at ( )	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee,	. L J2J17	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SEAMLESS GUTTERS VASQUEZ MARTINEZ REPAIR & INSTALLATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lim</u>	<u>ited liability company her</u>	<u>e</u> :			
SEAMLESS GUTTERS VASQUEZ MARTINEZ IN					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC"	or the abl	hreviation	ı "L.L.C."
Enter new principal offices address, if applicable:	6451 SW 17TH STREET			<i>@</i> b	
(Principal office address MUST BE A STREET ADDI	RESS) POMPANO BEA	CH FL 33068	3.e.	20	* <i>D</i>
			<u> </u>	21	
			# 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	63	
Enter new mailing address, if applicable:	6451 SW 17TH S	TREET		19	:::::::::::::::::::::::::::::::::::
					111
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEA	CH FL 33068	-1,	U	
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEA	CH FL 33068		<u>U</u>	_ <del>_</del>
			LE L	1: 00	new register
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:		ords, <u>enter t</u>	画:: >	1: 00	new register
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter t</u> PEREZ	画:: >	1: 00	new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our rec MARIA L SALES DE 6451 SW 17TH STR	ords, <u>enter t</u> PEREZ	画:: >	1: 00	new register
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our rec MARIA L SALES DE 6451 SW 17TH STR Enter Florid POMPANO BEACH	ords, <u>enter t</u> PEREZ EET a street address	画:: >	33068	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	MARIA L SALES DE  6451 SW 17TH STR  Enter Florid  POMPANO BEACH  City	ords, <u>enter t</u> PEREZ EET a street address	™ >> he nam	1: 00	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	MARIA L SALES DE  6451 SW 17TH STR  Enter Florid  POMPANO BEACH  City	ords, <u>enter t</u> PEREZ EET a street address	™ >> he nam	33068	

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
			□Add
			☐Remove
			□Change
	······		□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
<del></del>			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) WE ARE ALSO AMENDING TO CHANGE THE ADDRESS OF ALL THE AUTHORIZED PERSONS: MARIA L SALES DE PEREZ, MILTON A VASQUEZ MONZON AND AMILCAR E MARTINEZ SALES. OLD ADDRESS WAS 6461 SW 17TH STREET, POMPANO BEACH FL 33068 NEW ADDRESS WOULD BE 6451 SW 17TH STREET, POMPANO BEACH FL 33068 09/21/2020 E. Effective date, if other than the date of filing: \_\_\_ (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. November 07 2020 Dated \_ ignature of a member or authorized representative of a member

Filing Fee: \$25.00

MARIA L SALES DE PEREZ

Typed or printed name of signee