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(Ře	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		5/21/21 Tm

Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Cor			
	Gutters + Cus	tom fronworks LLC	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Legna A. Peña-Sánchez	
		Name of Person	
	Gutte	ers + Custom Ironworks LLC	
		Firm/Company	
	1	7000 Harbor Oak Parkway	
	 	Address	
		Winter Garden, FL 34787	
		City/State and Zip Code	
	• .	duscustomironworks@gmail.com	
		to be used for future annual report no	(dication)
For further information c	concerning this matter, please c	all:	
Legna A Pe	eña-Sánchez	754 260-7469 at ()	
Name o	f Person	Area Code Dayti	me 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)
Mailing Address Registration		Street Address: Registration S	ection
Division of C	•	Division of Co The Centre of	
P.O. Box 632 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR 31 RH 12: 09

	Gutters + Custo	om Ironworks LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears liability Company)	on our records.)	
he Articles of Organization for this Limited Lic lorida document number		were filed on	09/28/2020	and assigned
his amendment is submitted to amend the follo	wing:			
If amending name, enter the new name of	the limited liab	ility company her	<u>·e</u> :	
N/A				
he new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		17000 Harbor Oa	ak Parkway	
Principal office address MUST BE A STREET ADDRESS)		Winter Garden, FL 34787		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		17000 Harbor Oa Winter Garden, F		
8. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			cords, <u>enter the nan</u>	ne of the new regist
Many Daggiotary (1977), Address	17000 Hk O.k. Dk			
New Registered Office Address:		<u> </u>	la street address	
	Winter Garden		Florida _3.	1787
		City	, riorida	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.

Lynn QP-Sandy

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

MGR = Manager AMBR = Authorized Member

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		Et inn o	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			∐Add
			Remove
			□Change
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			Remove
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Legna A. Pena-Sánchez, Owner-Manager Address: 17000 Harbor Oak Parkway, Winter Garden, Fl. 34787 Contact #: Cell 754-260-7469 Contact #: Business Phone 407-395-2607 Adding authorized person: Denuel Cintrón, AMBR - Authorized Member Address: 17000 Harbor Oak Parkway, Winter Garden, Fl. 34787 Contact #: Business Phone 407-395-2607 Contact #: Business Phone 407-395-2607 Contact #: Cell 407-782-0668 **Cell 407-782-0668 **Cell 407-782-0668 **Cell 407-782-0668 **Cell 407-782-068 **Cell 407-782-068 **Cell 407-782-068 **Cell 407-782-068 **Cell 407-782-068 **Service date, if other than the date of filing:	Addin	g authorized person:			- Philad gr	STATE STATE SUMPORATION
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