(Requestor's Name)	
(Address)	
(Address)	
(1.65.555)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Bocament Hamber)	
Certified Copies Certificates of Status	·——
Special Instructions to Filing Officer:	

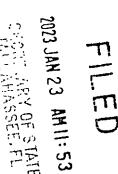
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

J & L GUT SUBJECT:	TER "LLC" **********	*NOTE	
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:	
	JOSE F ANDRADE		
		Name of Person	<del></del>
		Firm/Company	<del></del>
	1428 NW 13TH AVE		
		Address	
	CAPE CORAL FL 33993		<u> </u>
	A NIDD A DECLITTED GOA	City/State and Zip Code	
	ANDRADEGUTTER@GN E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
JOSE F ANDRADE		239 961-7808 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	-
Tallahassee, 1			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000050670	were filed on 01/27/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
J & L GUTTER LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		BEGREFARY OF S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nddress
	, Florida	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	_	

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>	Address	Type of Action
		□Remove	
		□Change	
	<del></del>	□Add	
		□Remove	
			Change
			□ <b>A</b> dd
			□Remove
			Change
			□Add
		□Remove	
		□Change	
		□Add	
		☐ Change	
		□ Add	
			□Remove
			☐ Change

II amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	<del></del>
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Note: I	e date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	ANUARY 13 , 2023
	Osi Hustradi
	Signature of a member or authorized representative of a member
	JOSE F ANDRADE  Typed or printed name of signee