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CUBIFOR		OF GUTTER CLEANING LL	.C				
SUBJECT:	_	Name of Lin	mited Liability Co	mpany	,		
The enclose	d Articles of	Amendment and fee(s) are sub	bmitted for filin	ıg.			
Please return	n all correspo	ndence concerning this matter	r to the followir	ıg:			
		LOVETTE DOBSON					
			Name of	Person			
		INCFILE.COM LLC					207
			Firm/Co	mpany			
		17350 STATE HWY 249	STE 220				2021 AUS 12 PH 2: 05
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		HOUSTON, TX 77064					E 0 2
		EFILE1234@INCFILE.CO	City/State and	J Zip C	ode		
		E-mail address: (ture an	nual report notif	ication)	
For further i	nformation c	oncerning this matter, please c			·	·	
LOVETTE	DOBSON		888	}	462-3453		
	Name of	f Person	at (Area	Code	Daytime	Telephor	ne Number
Enclosed is	a check for th	e following amount:					
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 F Certifie (additions	d Cop			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address				t Address: istration Sec	tion	
Registration Section Division of Corporations				_	sion of Corp		ns
). Box 632				Centre of Ta		
ı aı	lahassee, F	L 34314		Z413	N. Monroe	Bucct,	Suite of the

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&R'S ROOF GI	UTTER CLEANING LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our r mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/12/2021	and assigned
Florida document number L21000073691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	~>
R&R'S IMPERIA PAINT LIMITED LIABILITY COMPANY		2021
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:		27 7
Principal office address MUST BE A STREET ADDRES	<u> </u>	2 D
		E 2 0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	smor , for mu sireer u	
	City	_, Florida Zip Code
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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 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>	Type of Action
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			□Remove
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effective date is listed, the date refer the date in this						
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