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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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4/27/24 KH24

COVER LETTER

TO: Registration S Division of Co			
Moores R	ain Gutters LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph Moore		
		Name of Person	
	Moores Rain Gutters LLC		
		Firm/Company	
	4829 Capron St		 .
		Address	
	New Port Richey Fl 34653		
	Mooresraingutters@gmail.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Joseph Moore		352 777-6553 at ()	
Name	of Person	Area Code Daytime	Telephone Number
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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Estreet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moores Rain Gutters LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	y.	
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 "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	•••
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties d agent as provided for in Chapter 60 tered office address, I hereby confirm	, and I am familiar with and 15, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Patrick Moore	12714 MulberryLn	∃ Add
		Hudson Florida 34667	
			□Change
			□Remove
			Change
			□Remove
			□Change
			□ Add
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			Remove
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ffective date. if other than the date of filing: 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 lote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. 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 is filed. Autor 12 2024 June 12 2024 June 13 Agranure of a member or authorized representative of a member Typed or printed name of signee					
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Filing Fee: \$25.00