## 121000304875

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22 AFR -6 AM 9: 32

T. MATTHEWS APR 21 2022

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
JulKat, LL	C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Michele Collins		
	-	Name of Person	
	JulKat, LLC		
		Firm/Company	
	17 Philox Lane		
		Address	
	Palm Coast, FL 32164		
		City/State and Zip Code	
	patrick@killiansguttersands E-mail address: (	screens.com to be used for future annual repo	π notification)
For further information	concerning this matter, please c		
Patrick Collins		603 858-51	29
Name	of Person	Area Code F	Daytime Telephone Number
Enclosed is a check for t	the 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 Addre		<u>Street Addro</u> Registratio	
Registration Division of 0			f Corporations
P.O. Box 63.	27	The Centro	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT: TO ARTICLES OF ORGANIZATION OF



-22 APR -6 AM 9: 33

JulKat, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our reco	ords.)	
The Articles of Organization for this Limited L Florida document number <u>L21000304875</u>	iability Company	were filed on July 02, 2021	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company." the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		17 Philox Lane		
		Palm Coast. FL 32164		
Enter new mailing address, if applicable:		17 Philox Lane		
(Mailing address MAY BE A POST OFFICE BOX)		Paim Coast, FL 32164		
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:	Patrick Collins			
New Registered Office Address:	17 Philox Lane			
<u>-</u>		Enter Florida street add	Iress	
	Palm Coast		Florida 32164	
		City	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.

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>	<u>Address</u>	Type of Action
AMBR	Patrick Collins	17 Philox Lane	■Add
		Palm Coast, FL 32164	□Remove
			□Change
			□Add
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ective date, if other than reffective date is listed, the date	the date of filit	ig:	or to date of filing a	or more than 90 da	(optional)	m to 605 0207
te: If the date inserted in the	is block does not	meet the appli	cable statutory f	iling requiremen	its, this date will no	of be listed as
rument's effective date on th	ne Department of	State's record:	S.			
		<b>.</b>				
cord specifies a delayed effe s filed.	ective date, but no	ot an effective	time, at 12:01 a.	m, on the earlier	of: (b) The 90th	day after the
ed April 1		2022	·			
	1/11		<del>_</del>			

Filing Fee: \$25.00

Typed or printed name of signee