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PICK-UP WAIT MAIL
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COVER LETTER

TO:

TO:	Registration Se Division of Cor		, • • • • • • • • • • • • • • • • • • •	s.•
SUBJE	737T	GUTTERS, LLC		
SOBJE	CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		KIYAN B. LAPPKE		
			Name of Person	
		COASTAL GUTTERS, LI	c	
			Firm/Company	
		9620 CROTTY AVE		
			Address	
		HASTINGS, FL 32145		
			City/State and Zip Code	
		LAPPKEK@GMAIL.COM		
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please co	all:	
KIYAN	B. LAPPKE		386 864-5580 at ()	
	Name o	f Person	Area Code Daytim	te Telephone Number
Enclose	ed is a check for the	ne following amount:		
□ \$25	5.00 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 5		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632	27	The Centre of T	Γallahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL GUTTERS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/01/2023}{1}$ and assigned Florida document number L21000349031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIDELINES SEAMLESS GUTTERS, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			□Add
			Remove
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Effective date, if other than the If an effective date is listed, the date must	date of filing	g:			(optio	nal)	
If an effective date is listed, the date must Note: If the date inserted in this bl	a be specific and ock does not n	d cannot be prior neet the applic	r to date of filir able statutor	ng or more than v filing requi	90 days after frements, this	iling.) Pursuar date will not	it to 605.020 be listed a
document's effective date on the D							
ie record specifies a delayed effectiv	e date, but not	t an effective t	ime, at 12:01	a.m. on the o	earlier of: (b)	The 90th d	lay after the
ord is filed.							
		2023					
		. 2023					
Dated JULY 12	<u></u>	•					
	Signature of a	•	orized represe	ntative of a me	mber		_

Filing Fee: \$25.00

COVER LETTER

TO: Registration Division of	n Section Corporations					
CITIES IN A COURT	TAL GUTTERS, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Article	s of Amendment and fee(s) are submitted for filing.					
Please return all cor	espondence concerning this matter to the following:					
	KIYAN B. LAPPKE					
	Name of Person					
	COASTAL GUTTERS, LLC					
Firm/Company						
9620 CROTTY AVE						
	Address					
	HASTINGS, FL 32145					
	City/State and Zip Code					
	LAPPKEK@GMAIL.COM E-mail address: (to be used for future annual report notification)					
For further informat	on concerning this matter, please call:					
KIYAN B. LAPPK	at ()					
N:	me of Person Area Code Daytime Telephone Number					
Enclosed is a check	for the following amount:					
☐ \$25.00 Filing F	Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations					