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Division of Corporations

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From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **C&Y GUTTER COMPANY LLC** 

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## COVER LETTER

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| C8                      | EY GUTTI                   | ER COMPANY LLC                                     |  |  |
| SUBJECT:                |                            | Name of Lir  | nited Liability Company                      |  |
| The enclosed Ar         | ticles of A                | mendment and fee(s) are sul                        | omitted for filing.                          |  |
|                         |                            | dence concerning this matter                       | ·  |  |
|                         |                            | Lucia Estrella                                     |  |  |
|                         |                            | · · · · · · · · · · · · · · · · · · ·              | Name of Person                               |  |
|                         |                            | Licenses & Permits LLC                             |  |  |
|                         |                            |  | Firm/Company                                 |  |
|                         |                            | 8300 W Flagler St. Suite I                         |  |  |
|                         |                            |  | Address                                      |  |
|                         |                            | Miami, Fl 33144                                    |  |  |
|                         |                            |  | City/State and Zip Code                      | ••••   |
|                         |                            | licenses114@gmail.com                              |  |  |
| For futher infor        | mation con                 | n-mail address: t<br>cerning this matter, please c | to be used for future unnual report          | notification)  |
|                         | munon con                  | certaing this matter, prease c                     |  | 7  |
| Lucia Estrella          |                            | <del></del>  | at ( )                                       |  |
|                         | Name of P                  | erson  | Area Code Da                                 | ytime Telephone Number   |
| Enclosed is a che       | eck for the                | following amount:                                  |  |  |
| <b>≡</b> \$25.00 Filing | g Fce                      | S30.00 Filing Fee & Certificate of Status          | Certified Copy (additional copy is enclosed) | Section of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
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Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&Y Gutter Company 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  $\frac{09/16/2021}{1}$ Florida document number L21000411188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C&Y Gutters Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "i.f.C" 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 \_. Florida \_\_

## 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

| Title          | <u>Name</u> | Address | Type of Action |
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| Effective  | e date, if other than   | must be specific ar<br>s block does not      | nd cannot be prior to da<br>meet the applicable | te of filing or more than statutory filing require | (optional)<br>90 days after filing ) Pursua<br>ements, this date will no | nt to 605.0207 (<br>t be listed as t |
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