Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & C RAIN GUTTERS LLC

> Certificate of Status 0 Certified Copy Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Section dision of Corporations	
SUBJECT:	A & C RAIN GUTTERS LLC	
		Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are s	submitted for filing
	all correspondence concerning this matt	-
	, <u>,</u>	at to the following.
	Lucia Est	Name of Person
		Name of Person
	LICGNSES	& Penmits Firm/Company
		Firm/Company
	8300 Wa	ST Florier ST
		Address
	Miami,	City/State and Zip Code
		City/State and Zip Code
	Famail address:	(to be used for future annual report notification)
For further in	formation concerning this matter, please	· · · · · · · · · · · · · · · · · · ·
	,	CMI.
Luc	Name of Person	at (305) 226-8727 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
	ling Fee \$30.00 Filing Fee & Cartificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed), Certified Copy (additional copy is enclosed)
	ne Address:	Street Address:
	stration Section sion of Corporations	Registration Section
P.O.	Box 6327	Division of Corporations The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & C RAIN GUTTERS LLC				
(Name of the Limited Liability Comp (A Florida Limited	nany sa it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number L21000501429	c: 11/22/7021	ssigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L	L.C."		
Enter new principal offices address, if applicable:	11322 NW 1ST TERRACE			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL33172			
Enter new mailing address, if applicable:	11322 NW 1ST TERRACE			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33172			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the nev	y registere		
	¥Ø=	~		
New Registered Office Address:	Enter Florida street address	202 DEC		
	Chy , Florida Zip Cods	20 -		
New Registered Agent's Signature, if changing Registered Agent;	in [€] W.r.	- P X		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of the complete that the registered office of the complete that the registered office of the complete that the registered of the registered of the complete that the registered of the registe	performance of my duties, and I am familial with	ly Mith the		

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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
			□Remove
			Change
			DAdd
			ORemove
			Change
			C]Add
			□Remove
	,		GChange
			□Add
			□Remove
			Change
			DAdd
			□Remove
			DChange
			□Add
			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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			_
			
			
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Note: If the	ate, if other than the date of filing: [Option date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file date inserted in this block does not meet the applicable statutory filing requirements, this deffective date on the Department of State's records.	nal) iling.) Pursuant to 61 date will not be li:	05.0207 (3); sted as the
f the record spececord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day aft	
			居
Dated DEC.	2021	7.55 7.55	DEC 20
	la D	E S	20 PI
_	Signature of a member or authorized representative of a member	FLORI	PM 12: 48
L.	AZARO A MILANES ROSALES	RID!	-
	Typed or printed name of signes		

Filing Fee: \$25.00