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COVER LETTER

TO:

TO: Registratio Division of	n Section Corporations		
	STOP GUTTERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	TREVOR HALL		
		Name of Person	
		Firm/Company	
	37428 TURNER DR		
	· · · · · · · · · · · · · · · · · · ·	Address	
	UMATILLA, FL 32784		
	HALLTREVORK@YAHC	City/State and Zip Code O.COM	
	E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please c	all:	
TREVOR HALL		352 978-7427 at ()	
Na	me of Person	Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -8 AM 10: 57

RAIN STOP GUTTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORE

The Articles of Organization for this Limited Liabilit Florida document number L21000520070		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	limited liability company here:	
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 AD	ODRESS)	
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 Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
-	Enter Florida street o	address
	City	
	Cife	zip Coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	RUFF, CLAYTON	2301 AMHERST LN	□Add
		MOUNT DORA, FL 32757	
			□ Change
			□Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

Not ad	ding or removing other authorized persons, but c	hanging everyones title
"FARN	MER, NICK" From Title "AR" to New Title "MC	JR"
"GIBS	ON, GRANT" From Title "AR" to New Title "M	IGR"
"HALL	. TREVOR" From Title "AR" to New Title "MC	īR"
ective dat	e, if other than the date of filing:	(optional)
<u>te:</u> 11 me c	ate is listed, the date must be specific and cannot be pric- late inserted in this block does not meet the appli- fective date on the Department of State's record.	or to date of filing or more than 90 days after filing.) Pursuant to 60 icable statutory filing requirements, this date will not be lis
cord speci s filed.	les a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed &	1/5/22	
	Ann 1L	1

Typed or printed name of signee