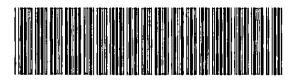
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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C 7/24/2022

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	KENS GUTTERS LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Murdo E Guy			
		<u> </u>	Name of Person	,	
		KENS GUTTERS LLC			
			Firm/Company	 	
		5 N Osceola Ave. Unit 405	5		
			Name of Person RS LLC Firm/Company re. Unit 405 Address 33755 City/State and Zip Code iil.com iil address: (to be used for future annual report notification) er, please call: 127 127 1396-3123 128 1396-3123 140 Area Code Daytime Telephone Number		
		Clearwater, FL 33755			
			City/State and Zip Code	· -	
		murdoguy@gmail.com	to be used for future annual report no	diffication)	
For further in	nformation c	oncerning this matter, please co			
Camilla Bar	ıks				
	Name o	f Person		me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$ 25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Re	Iling Addres	Section	Registration S		
	vision of C). Box 632	orporations 7			
	llahassee, I				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 23 AH 10: 23

KENS 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	12/28/2021	and assigned
Florida document number L22000006105			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," tl	ne designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		-	
	<u>.</u> .		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	r records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter i	Florida street ad	dress
			Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pakening filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for i	of my duties n Chapter 60	s, and I am familiar with and OS, F.S. Or, if this document is
If Change	ging Registered	Agent, Signatu	re 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	Catherine Zwan	5 N Osceola Ave. Unit 405	■Add
		Clearwater, FL 33755	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
		 	□Change
			□ Add
		 	□Remove
			☐ Change
			□Add
			□ Remove
			Change

f amending any other inform	ation, enter change(s) here: (Attach addit	tional sheets, if necessary.)
		
·		
		
		
		
f an effective date is listed, the date m	block does not meet the applicable statutory fill	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as t
e record specifies a delayed effect d is filed.	ve date, but not an effective time, at 12:01 a.m	a. on the earlier of: (b) The 90th day after the
Dated May 19	2022	
-	Signature of a member or authorized representative	ve of a member
Murdo E Guy		
	Typed or printed name of signee	

Filing Fee: \$25.00