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TO:	Registration Se Division of Cor		•	and the same of th
SUBJE		ROS FLORIDA LLC		•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		IGOR OLIVEIRA	Name of Limited Liability Company Sent and fee(s) are submitted for filing. Hent and fee(s) are submitted for filing. Hent and fee(s) are submitted for filing. Hent and fee(s) are submitted for filing. Hence of Person TER PROS FLORIDA LLC Firm/Company WESTPOINTE BLVD. SUITE 310 Address ANDO. FL 32835 City/State and Zip Code @AESACCOUNTING.NET E-mail address: (to be used for future annual report notification) g this matter, please call: at (407	
			Name of Person	
		GUTTER PROS FLORIDA	A LLC	
		•	Firm/Company	
		7065 WESTPOINTE BLV	D, SUITE 310	
			Address	
		ORLANDO, FL 32835		
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Rose from	har information a		•	normeation
		oncerning this matter, picase co		
ALEJA	NDRA LOPEZ		at ()	<u> </u>
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S	Section	Registration	Section
	Division of C	orporations	Division of O	Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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GUTTER PROS FLORIDA LLC

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

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000105922</u>	were filed on 03/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e 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 agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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>	<u>Address</u>	Type of Action
	Igor Matheus Macedo de Oliveira		
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e ctive date reffective da	e, if other than the da te is listed, the date must be	ite of filing:	be prior to date of fili	ng or more than 90 days	<mark>optional)</mark> .after filing.) Pursuant	. to 605.020
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cord specifi s filed.	ies a delayed effective d	aic, but not an effe	ctive time, at 12:01	a.m. on the earlier of	or: (b) - the 90th da	ly after the
ed	June 6th	2022				
- <u>-</u>			7)			
		Jue !	Kullen			
	Si	gnature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00