## 121257

(Re	equestor's Name)	
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T. MATTHEWS APR 27 2022

## **COVER LETTER**

TO:		istration Se ision of Cor		,	
ALID ID	COST.	BIG G SEA	MLESS GUTTER SYSTEMS	LLC	
SUBJE	C1:		Name of Lim	ited Liability Company	<del></del>
The enc	losec	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspo	ndence concerning this matter	to the following:	
			DAVID B HAZARD		
				Name of Person	
			BIG G SEAMLESS GUTT	ER SYSTEMS LLC	
				Firm/Company	<del></del> .
			2950 PINE KNOB LANE		
				Address	<del></del>
			GENEVA FLORIDA 3273	32	
				City/State and Zip Code	
			BIGDCONCRETECUTTIN	_	
			E-mail address: (	to be used for future annual report notification)	
For furt	her in	nformation c	oncerning this matter, please ca	all:	
SHERR	RY H	AZARD		407 790-1011 at ( )	
		Name o	f Person	Area Code Daytime Telepho	ne Number
Enclose	ed is a	a check for th	ne following amount:		
<b>■</b> \$25	5.00 1	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Addres		Street Address: Registration Section	
		_	Section Corporations	Division of Corporatio	ns
		D. Box 632	•	The Centre of Tallahas	see
	Та	llahaccee I	FT 32314	2415 N. Monroe Street	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED DIVISION OF CORPORATIONS

BIG G SEAMLESS GUTTER SYSTEMS LLC

22 APR 11 PM 3: 33

(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 $\frac{3-9-2022}{}$	and assigned
Florida document number 1.220001211257		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
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, <u>enter tl</u>	ne name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name Descriptional Office Addresses		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	

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
AMBR	SHERRY E HAZARD	2950 PINE KNOB LANE	<b>=</b> Add
		GENEVA FLORIDA 32732	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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fective (	date, if other tha	in the date (	of filing:				(option	al)	
in effectiv o <u>te:</u> If th	re date is listed, the date inserted in seffective date on	ate must be spe this block do	eific and can es not meet	not be prior t the applica	to date of filin	g or more than	90 days after fil	ing.) Pursuant to (	505.0207 isted as t
ecord sp is filed.	ecifies a delayed e	ffective date,	but not an	effective tir	ne, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	fter the
ned <u>4</u>	1/6/2022	<b>.</b>			·				
	-	2							
		Signati	ure of a men	ber or autho	rized represe	ntative of a me	mber		