haa 000135125

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 00789, 00524,00671 what are you amending?

Office Use Only



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2022 OCT 26 AM 7: 18

A. BUTLER 0CT 3 1 2022

COVER LETTER

	istration Section ision of Corporations	
SHRIECT	No Drip Gutters LLC Name of Limited Liability Company	
SUBJECT	Name of Limited Liability Company	
The enclos	Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	Karne of Person	
	Name of Person	
	No Prip Gutters LLC Firm Company	
	SSOI University Club Blod N #31	18
	Jacksonville Flor. da 32-277	
	No drip gui Hers 904 @ gmail. Com E-mail address: (to be used for future annual reports dotification)	
For further	nformation concerning this matter, please call:	
/\	Name of Person at (904) 450 - 3056 Area Code Daytime Telephone Number	_
Enclosed i	a check for the following amount:	
⊒ \$25.00	Filing Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	tatus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TO

No drip Gutters	5 , ZZC	2022 OCT 26	AM 7: 18_
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now approprieted Liability Company	TALLANG	OF STATE SEE, FI
The Articles of Organization for this Limited Liability Co		3/18/200	and assigned
Florida document number <u> </u>	<u>S</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
		- <u></u>	
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered	office address on ou	r records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter.	Florida street address	
			1.
	City	Flori	da 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 Changing Registered Agent, Signature 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>	Address	Type of Action
MGR	Keith T Mixon	5501 university club blud Note	<u>IL</u> Add
		Jacksonville, Fla 32277	□Remove
			□Change
	1		□ Add
			□Remove
			□Change
		<u></u>	[]Remove
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<u>Note:</u> li`t	date, if other than to we date is listed, the date in the date inserted in this is effective date on the	s block does not	t meet the applica	7– 2 D o date of filing or mot ble statutory filing	(option te than, 90 days after f requirements, this	n al) iling.) Pursuant to 605,020 date will not be listed a
d is filed.						The 90th day after th
Dated	March 1	<u>&</u>	. 2022	<u>·</u> .		
		Keill	Myn	~		
		Signature of	a member of autho	rized representative c	d'a member	

Filing Fee: \$25.00



October 13, 2022

KEITH MIXON 5501 UNIVERSITY CLUB BLVD N #318 JACKSONVILLE, FL 32277

SUBJECT: NO DRIP GUTTERS, LLC

Ref. Number: L22000135125

We have received your document for NO DRIP GUTTERS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT ARE YOU AMENDING?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00023012