## 122000168973

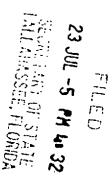
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:  J. HORNE  AUG 1 4 2023

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Treasure ( SUBJECT:	Coast Seamless Gutters LLC		
30DJLC1.	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sulpondence concerning this matter	_	
	LEO CRALL		
	<u>-</u>	Name of Person	
		Firm/Company	
	2652 SW HAREM CIR		
		Address	
	PORT ST LUCIE, FL 349	53	
		City/State and Zip Code	<del></del>
	LEOLEOLEOLANDSCAF	ING@GMAIL.COM	
	E-mail address: (	to be used for future annual rep	ort notification)
For further information of	concerning this matter, please c	all:	
LEO CRALL		772 905-7	247
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Addre Registration Division o	

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

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

## TREASURE COAST SEAMLESS GUTTERS LLC

AKI	ICLES OF AMENDMENT TO	our records.)
. ARTIC	CLES OF ORGANIZATIO	N SA MY KEN
	OF	All Sex
TREASURE COAST SEAMLESS G	HTTUDE LLC	188 M. Ja
	Liability Company as it now appears on a Visional Limited Liability Company)	our records.)
(A	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on APRIL	8,2022 and assigned
Florida document number L22000168973	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	ha limitad liability asmnony baras	
to the amending name, enter the new name of the	ne named natinity company nere:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab		
Principal office address MUST BE A STREET.		<del>-</del>
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. 16 1		
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address has been addressed.</li> </ol>	istered office address on our record here:	ls, enter the name of the new register
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_		Florida
	City	Zip Code
iew Registered Agent's Signature, if changing Reg		
hereby accept the appointment as registered a rovisions of all statutes relative to the proper i	and complete performance of my d	city. I further agree to comply with t uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	LEO CRALL	2652 SW HAREM CIR	
		PORT ST LUCIE FL 34953	
			□ Change
			□Add
			□Remove
			□Change
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111/10	re date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	6/23/23
Dated _	
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00