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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: J. B. SEAMLESS GUTTERS LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Division of Corporations SUBJECT: J. B. SEAMLESS GUTTERS LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Description of Person Description of Description of Description of Description of Description of Description of Liability Company Description of Description of Description of Description of Liability Company				
J. B. S. F. AM LESS GUHES LLC.				
275 W. Baxter St.				
De Leon Springs Fl32130 City/State and Zip Code				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dany Gonzalez Name of Person				
For further information concerning this matter, please call:				
Name of Person at 386 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy				
Registration Section Division of Corporations Registration Section Division of Corporations Registration Section Division of Corporations				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 COT -3 AH 9: 43 The Articles of Organization for this Limited Liability Company were filed on JUIV25, 2022 and assigned Florida document number <u>L 2 2 0 0 03</u> 2 8559 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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, enter the 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

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.

City

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>	Name	Address	Type of Action
MGR	Nancy honzalez	275 W. Baxterst.	CAdd
		275 W. Baxterst. Deleon Springs, Fl32	_1 <u>30</u> □Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			□ Change
			□Add
			Remove
			□Change

	other information, enter				
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(If an effective date in Note: If the date	if other than the date of fi is listed, the date must be specific inserted in this block does n ctive date on the Department	e and cannot be prior to date not meet the applicable s	e of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursuant t eents, this date will not b	o 605.0207 (; e listed as th
the record specifies cord is filed.	s a delayed effective date, but	not an effective time, a	at 12:01 a.m. on the earl	ier of: (b) The 90th day	after the
Dated OC	-Ober 3	2022.			
	Many y	of a member or authorized	f representative of a memb	er	
	Jancy hos	nzalez	ma of claring		

Filing Fee: \$25.00