

L23000037007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

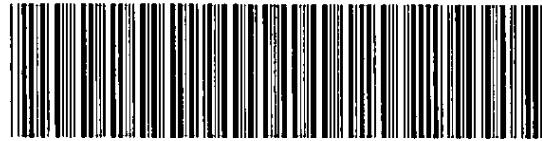
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED

2023 MAY 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 MAY 18 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: _____

Jan Telle

:

RILEY'S GUTTER SERVICE LLC

L23000037007

BUSINESS NAME _____

DOCUMENT # _____

___ Copy of Articles of Organization

___ Certificate of Status

NEW FILINGS

- ___ Profit Corp
- ___ Not for Profit
- ___ Limited Liability
- ___ Domestication
- ___ Other
- ___ CORP
- ___ LLLP

AMMENDMENTS

X Amendment

- ___ Resignation of R.A. Officer/Director
- ___ Change of Registered Agent
- ___ Revocation of Dissolution
- ___ Merger
- ___ Articles of Conversion
- ___ Amended and restated Articles
- ___ Statement of Authority

OTHER FILINGS

- ___ Annual Report
- ___ Fictitious Name
- ___ APOSTILLE
- ___ Country

REGISTRATION/QUALIFICATIONS

- ___ Foreign filing
- ___ Limited Partnership
- ___ Reinstatement
- ___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RILEY'S GUTTER SERVICE, 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:

JAMES W RILEY

Name of Person

RILEY'S GUTTER SERVICE, LLC

Firm/Company

12814 NW COUNTY ROAD 237

Address

ALACHUA, FL 32615

City/State and Zip Code

RILEYSGUTTERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES W RILEY

at (352) 494-2726

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2023 JAN 18 AM 10:30

RILEY'S GUTTER SERVICE, LLC

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

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on JANUARY 19, 2023 and assigned
Florida document number L23000037007.

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

_____, 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 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>	<u>Type of Action</u>
MGR	JAMES W RILEY	12814 NW COUNTY ROAD 237	<input checked="" type="checkbox"/> Add
		ALACHUA, FL 32615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ELIZABETH J RILEY	12814 NW COUNTY ROAD 237	<input type="checkbox"/> Add
		ALACHUA, FL 32615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2025-18 AHID: 30
FLORIDA DE STATE
FLORIDA DE STATE

FILED
2025 JUN 18 AM 10:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Effective date, if other than the date of filing. _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 18 2023


Signature of a

Signature of a member or authorized representative of a member

ELIZABETH A JORDAN

Typed or printed name of signee

Filing Fee: \$25.00