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COVER LETTER

TO:	Registration Se Division of Cor		•	
		Made Gutters, LLC		
SUBJEC	Л:	Name of Lim	ited Liability Company	-
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Michael DeMougin		
			Name of Person	
		American Made Gutters, I	LC	
		.	Firm/Company	
		4700 Seminole Trail		
			Address	
		Merritt Island, Florida, 329	953	TALL STATE
			City/State and Zip Code	
		mike@americanmadegutter		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
Michael	DeMougin		321 208-0013 at ()	(: - C
	Name o	f Person		e Telephone Number
Enclosed	l is a check for the	he following amount:		
■ \$2 5.	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 S		Street Address: Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632	27	The Centre of T	allahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Made Gutters, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records,)
The Articles of Organization for this Limited Liability Company	y were filed on 01/31/2023	and assigned
lorida document number L23000057602		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	in "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	4700 Seminole Trail, M	erritt Island, FL, 32953
Principal office address MUST BE A STREET ADDRESS)		
		-11 15
		E. E
nter new mailing address, if applicable:	4700 Seminole Trail, M	erritt Island, FL, 32953 🗠
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		71 F
		71 2
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
<u>.</u>			
			Permove
			Change
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			□Remove
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ffective date, if other than an effective date is listed, the date of the lote: If the date inserted in the ocument's effective date on the	must be specific and is block does not r	d cannot be prior meet the applic	able statutory fi	more than 90 days ling requirement	s, this date w	ursuant to	605.020 listed a
record specifies a delayed effer is filed.	ective date, but not	t an effective ti	me, at 12:01 a.r	n. on the earlier o	of: (b) The !	90th day a	fter the
Enhancer 15		2023					
ated			_				
ated February 15	22 Signature of a						