

L23 0000 576 02

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

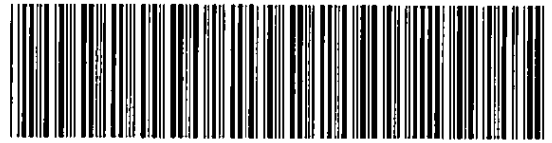
(Business Entity Name)

(Document Number)

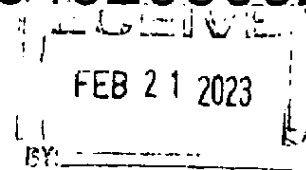
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00112/21-01011-018 **30.00

2023 Feb 21 AM 8:23
RECEIVED
FEB 21 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Made 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:

Michael DeMougin

Name of Person

American Made Gutters, LLC

Firm/Company

4700 Seminole Trail

Address

Merritt Island, Florida, 32953

City/State and Zip Code

mike@americanmadegutters.com

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

For further information concerning this matter, please call:

Michael DeMougin

321 208-0013
at ()

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

FILED
2023 FEB 21 PM 8:23
TALLAHASSEE, FL

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

DATE 2/18/23
TIME 9:23
TALL HILLS
HILLS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATE OF NEW YORK
IN SENATE
JANUARY 11, 1906.

2025-03-21 AM 8:23
STATION: TALL MOUNTAIN

E. 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.

If the record 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 record is filed.

Dated February 15, 2023


Signature of a

Signature of a member or authorized representative of a member

Michael DeMougin

Typed or printed name of signee

Filing Fee: \$25.00