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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN, _ YES GUTTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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To: 18506176383

Page: 2/4

From: Registered Agents Inc

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yes Gutters LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 11/06/23 Florida document number L23000502640	an	ıd assi	gned
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	abbreviatio	on "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 nat	me of th	e new	registered
agent and/or the new registered office address here:		10.1	
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	-	⊒k	C.,
Enter Florida street address	-,	ω ω	
, Florida		<u>5</u>	
Cuy	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Furlow, Arroze	299 Heritage St SW	⊠Add
		Palm Bay, FL 32908	□Remove
			⊡Change
			□Add
			□Remove
			☐ Change
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Effective	date, if other than	the date of filing	,.		(onti	anal)	
Note: 11 t	date, if other than ive date is listed, the date the date inserted in thi t's effective date on th	is block does not ni	ect the applicab	date of filing or me le statutory filing	re than 90 days after requirements, thi	filing.) Pursuant to 60 s date will not be lis	5.0207 (3 acd as th
he record spord is filed.	pecifies a delayed effe	ctive date, but not a	an effective tim	e. at 12:01 a.m. o	n the earlier of: (b) The 90th day aft	er the
Dated No	ovember 14th	,	2023	· ·			
		1/7	AC	mith.	/		

Typed or printed name of signee