# L24000159722

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (Hadress)                               |
| (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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Amond

### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |
|--|--|---|--|
|  | Seamless Gutters LLC                         |   |  |
| SUBJECT:                                 | Name of Limit                                | ed Liability Company  | <del></del>  |
| The enclosed Articles of A               | Amendment and fee(s) are subn                | nitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter to             | o the following:  |  |
|  | Randall James Gaudette                       |   |  |
|  |  | Name of Person  | <del></del>  |
|  | 1st Choice Seamless Gutters                  | s LLC   |  |
|  |  | Firm/Company  |  |
|  | 136 Bentley Oaks Blvd                        |   |  |
|  |  | Address   | <u></u>  |
|  | Auburndale Fi.33823                          |   |  |
|  |  | City/State and Zip Code   | 2021   |
|  | jamiegaudette l 36@gmail.co                  |   |  |
|  | E-mail address: (to                          | be used for future annual report notif                              | 2024 DEC -4  |
| For further information co               | oncerning this matter, please ca             | H:  |  |
| Randall James Gaudette                   |  | 863 624-1620<br>at ( )  | Telephone Number   |
| Name of                                  | f Person                                     |   | : Telephone Number   |
| Enclosed is a check for th               | ne 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 S           |  | Street Address:<br>Registration Sec                                 | rtion  |
| Division of C                            |  | Division of Con   |  |
| P.O. Box 632                             |  | The Centre of T   |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1st Choice Seamless Gutters LLC   | _  |                          |
|---|--|--------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Lia   | y as it now appears on our records.)<br>ability Company) |                          |
| The Articles of Organization for this Limited Liability Company w   | vere filed on April 3,2024                               | and assigned             |
| Florida document number L24000159722  |  |                          |
| This amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limited liabili  | ity company here:  |                          |
| he new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "LLC" or the                 | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                          |
| Principal office address MUST BE A STREET ADDRESS)  |  | 262                      |
|   |  | 2024 (15)                |
|   |  |                          |
| inter new mailing address, if applicable:   |  |                          |
| Mailing address MAY BE A POST OFFICE BOX)   |  |                          |
|   |  | ట్ల                      |
|   |  | :5                       |
| <ol> <li>If amending the registered agent and/or registered office ac<br/>agent and/or the new registered office address here:</li> </ol> | ldress on our records, <u>enter the</u>                  | name of the new registe  |
|   |  |                          |
| 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>                            | Type of Action |
|--------------|-----------------------|---|----------------|
| MGR          | Landon James Gaudette | 136 Bentley Oaks Blvd Auburndale Fl.33823 | <b>=</b> Add   |
|              |                       |   |                |
|              |                       |   | □Change        |
|              |                       |   | □Add           |
|              |                       |   | □Remove        |
|              |                       |   | Change         |
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|              |                       |   | □Change        |
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## Page 2 of 3

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| AS A (M  | GR) To 1ST choice Scamless  |
| Gutters L  | LC.   |
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|  |   |
| Effective date, if other than the date of the (If an effective date is listed, the date must be specified Note: If the date inserted in this block does a document's effective date on the Department. | filing:(optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 not meet the applicable statutory filing requirements, this date will not be listed as the of State's records. |
| .) The 00th day after the record is fil  | ve date, but not an effective time, at 12:01 a.m. on the earlier of: led.   |
| Dated 1/-29-2034    Manual     Signature   | of a member or authorized representative of a member  |
| Randall James Gaudette   |   |

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Filing Fee: \$25.00