M17000008688

(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:

Wrong form

Office Use Only

100391334661

07/21/22--01019--001 **35.00

2022 NOV 29 PM 3:47

Amend

NOV 29 2022

D CUSHING

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Trademark Seamless Raingutters LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Horne
Name of Person

Firm/Company

2033 Shadow Lake Dr
Address

Gulf Breeze, FL 32563
City/State and Zip Code

steve@trademarkseamlessgutters.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Steve Horne at (432) 559-2244
Name of Person — Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2022

BRENDA LENOX
TRADEMARK SEAMLESS RAINGUTTERS LLC
2033 SHADOW LAKE DRIVE
GULF BREEZE, FL 32563

SUBJECT: TRADEMARK SEAMLESS RAINGUTTERS LLC
Ref. Number: M17000008688

We have received your document for TRADEMARK SEAMLESS RAINGUTTERS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 822A00023854

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Trademark Seamless Raingutters LLC

Enter new principal office 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)*** _____

2. The Florida document number of this limited liability company is: M17000008688

3. Jurisdiction of its organization: TX

4. Date authorized to do business in Florida: 10/10/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: _____ (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Stephen A. Horne

New Registered Office Address: 2033 Shadow Lake Dr.
*Enter Florida Street Address*

Gulf Breeze, Florida 32563
*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title, or capacity in accordance with 605.0902 (1)(e), indicate that change:

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Stephen Horne | 2033 Shadow Lake Dr. | ☒Add |
| | | Gulf Breeze, FL 32563 | ☐Remove |
| MGR | David Storrie | 1841 Lone Oak Rd # 825 | ☒Add |
| | | Weatherford, TX 76086 | ☐Remove |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Add |
| | | | ☐Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Stephen Horne

Typed or printed name of signee

Filing Fee: $25.00