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## **COVER LETTER**

TO: Amendment Section Division of Corporations 1 Jun 20 m

NAME OF CORPORATION: CUSTOM GUTTERS OF NW FLORIDA, TOC
DOCUMENT NUMBER: <u>P03000137189</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lloyd R, Sellars Name of Contact Person
CUSTOM GUTTERS OF NW FLORIDA, INC.
615 Childers St. i Address
Persacola F1 32534 City/ State and Zip Code
Sellars 1104d & Gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Use Dellars at (850), 449-3045. Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address  Amendment Section  Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

 $\mathbf{of}$ 

	01	*
CUSTOM GUTTERS OF	VW FIORIDA, INC	
(Name of Corpora	tion as currently filed with the Florid	la Dept. of State)
P03000137189		
	ment Number of Corporation (if knowr	1)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	la Statutes, this <i>Florida Profit Corpora</i>	ution adopts the following amendment(s
A. If amending name, enter the new name of the	orporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	p," "Inc," or "Co". A professional o	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applica	le:	
(Principal office address MUST BE A STREET A		
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
	<del></del>	
	<del></del>	
D. If amending the registered agent and/or regis		the name of the
new registered agent and/or the new register	i office address:	
Name of New Registered Agent	<u> </u>	
	(Florida street address)	
New Registered Office Address:		, Florida
Hen Registered Office Francis.	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	egistered Agent:	line aliment and the mountains
I hereby accept the appointment as registered agen	i am jamular with and accept the obl	agations of the position.
	nature of New Registered Agent, if cha	unging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Ck Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Melinda G. Sellars	615 Childers St.
Add			Pensacola, Fla 3 2534
Remove			
2) Change	50	Dustin ETAYLOR.	9437 Indian Food Rd Milton FIA 32570
Add			1111011/11 325/d
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramovo			

	g additional Articles ets, if necessary). (i	Be specific)			
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					-
<u>fan amendment pro</u>	<u>vides for an exchan</u>	ge, reclassification, o	or cancellation of iss	ued shares,	
provisions for imple	menting the amend	ment if not contained	I in the amendment	itself:	
(if not applicable	?, maicate N/A)				
			<del>- '</del>	<del></del> . <del>.</del>	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	·
Dated 6-17-19.	
Signature 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LIOVAR SELLIAES (Typed or printed name of person signing)	
$O \cap$	
(Title of person signing)	
( recent or beautiful continue)	

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