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COVER LETTER

TO: Amendment Section

Division of Corporations					
HAME OF CORPORATION: GUHLEY GUYS OF PENSACOLA, INC.					
he enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ryan Scharfenstine Name of Contact Person Crutter Grys of Pensacola, Inc. Firm/Company P.O. BOX 15554 Address Pensacola, FL. 32514 City/State and Zip Code GUHER GRYS 850 Agnal. Com E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
Ryan Scharfenstine at (850), 449-3206 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Gutter Guys of Pensacola,	INC. 16 JUL 29 PM 2: 17
Name of Corporation as currently P14000061842	filed with the Florida Dept. of State)
(Document Number of	
(Document Number of	Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this F s Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	
NIA	The new
ame must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIX
. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	a do aal Tidao
(Florida stree	et address)
New Registered Office Address: YENSACULA	City) , Florida 5 201 T
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
NA Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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 is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change			 	
Add				
Remove				
3) Change		_	-	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

i. <u>If an</u> (Atte	mending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)			
(Attach additional sheets, if necessary). (Be specific)				
	NIA			
				
If or	amendment provides for an exchange, reclassification, or cancellation of issued shares,			
pro	visions for implementing the amendment if not contained in the amendment itself:			
	(if not applicable, indicate N/A)			
	NA			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days of	after amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	, , , , , , , , , , , , , , , , , , ,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 7/21/16 Signature walk	
Signature Walker	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
<u>Kyan Schartensti</u>	reconsigning)
(Typed or printed name of	f person signing)
President	
(Title of perso	on signing)