P21 0000 42301

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	,
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	<u> </u>
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Conies Certificates of Status
Special Instructions to Filing Officer:	Octanica copies
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
<u> </u>	<u></u>

Office Use Only



100367660601

U6/U7/21--01028--030 **35.00

amend

21.465-7 AT & B

J DENNIS

.1111 0 9 2021

COVER LETTER

TO: Amendment Se Division of Cor		ÿ	
NAME OF CORPO	DRATION: FLORIDA GUTT	ERS GROUP INC	
	1BER: P21000042301		
	es of Amendment and fee are su		
Please return all corr	respondence concerning this ma	atter to the following:	
	ROBERT RECKLEIN		
		Name of Contact Person	n
	VANDERBILT COMPANIE	ES, INC	
		Firm/ Company	
	11983 TAMIAMI TRAIL N	STE 138	
		Address	
	NAPLES, FL 34110		
		City/ State and Zip Cod	2
	VANDERBILTRJR@ATT.N	NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ROBERT RECKLES	או	at (239	594-6999
Name	of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Lal	llahassee, FL 32314	2415 P	J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	Articles of
FLORIDA GUTTERS	GROUP INC
	(Name of Corporation as curr
P21000042301	

ently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 12268 TAMIAMI TRAIL E B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 302 NAPLES, FL 34113 C. Enter new mailing address, if applicable: 12268 TAMIAMI TRAIL E (Mailing address MAY BE A POST OFFICE BOX) #302 NAPLES, FL 34113 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent ____ (Florida street address) _ Florida New Registered Office Address: _ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

Example:

X Change	<u> Tri</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			ATT
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		**	
Add			-
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

ch additional sheets, if necessary). (Be specific)	
, , , , , , , , , , , , , , , , , , ,	
	<u></u> .
	
	11 of 11 1
n amendment provides for an exchange, reclassification, or cance	enation of issued shares,
ovisions for implementing the amendment if not contained in the	amenament itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

.

.

.

	loption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	<u> </u>
	(no more than 90 days after amendment fite date,)
Note: If the date inserted in this b' locument's effective date on the De	lock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the am fficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated5	13, 121 Womine Vincent Graces	
Signature /	w/mine Vincent Cuacer	
(By a di selecteo	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	not been other court
	ANTONINO VINCENT CARACCI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	