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COVER LETTER

IO: Registration Se Division of Cor			
SUBJECT:SO	whern Gutter	Co. LLC	
	Name of Uni	Dited Limitità Combani	
	Amendment and fee(s) are sub		
ricase rectant an every			
	1/164	Marris Name of Person	
	Souther	rn Gutter Co	
	6222 Ber	muda Dr.	
	Fleming Is	City/State and Zip Code	<u> </u>
	southernautte	tr (00 aol . Com	Mouting)
	I -mail address: (to be used for luture annual report non	пелин
For further information c	oncerning this matter, please o	all:	
Tiller 1	Jarris	at (404) 434 -	4546
Name o	Person	Area Code Daytim	c Telephone Number
Enclosed is a check for th	e following amount.		
¥ \$25 00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	[] \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Southern Guller	(0 11/	2025 FEB 14 AM 9: 26
(Name of the Limited Linbility C	ompany as it now appears on o	ur records.)
I he Articles of Organization for this Limited Liability Com Florida document number 125 000047170 This consideration is submitted to amend the following:	pany were filed on <u>Jan</u>	27, 2025 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	vet oddress
		, Florida
	City	, Florida

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 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>	Name	<u>Address</u>	Type of Action
W10700	Tyler Morris	6222 Bermuda Dr.	<u>X</u> A.u
CED		Fleming Island FL 32003	
			JChunge
<u>v</u> P	Laura Morris	U222 Bermuda Dr.	% Add
		Fleming Island FL 32003	⊟Remove
			{] Change
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). If amending any other information, enter change(s) here: <i>iAtta</i>	A TI THE HITCHIST CO. C. T. T. T. C.
	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605-0207 (3)(b) dory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records	
If the record specifies a delayed effective date, but not an effective time, at 12 record is filed.	01 a m on the earlier of (b). The 90th day after the
Dated February 14th 2025 Signature of a member or authorized repr Tyler Morn 5 Does or minuted name of	
July Manie	
Signature of a member or authorized repri	esentative of a member
7. 1/	
/ Y/er Morns	

Filing Fee: \$25.00