L13000081576

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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COVER LETTER

TO:

Registration Section
Division of Corporations

FENCE OUTLET NORTH PORT, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alton L. Lightsey

Name of Person

Lightsey & Associates, P.A.

Firm/Company

2105 Park Avenue North

Address

Winter Park FL 32789

City/State and Zip Code

rajul.patel@fenceoutletonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia Manning

_{at}(407)622-0025 x4

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENCE OUTLET NORTH PORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L13000081576</u>	were filed on June 5, 2013	ZUESSIGNED ZUESSIGNED SECRETAL TALLAHAS
This amendment is submitted to amend the following:		SSEE. P
A. If amending name, enter the new name of the limited liab	ility company here:	T: 5
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12984 Tamiami Tr. S	
(Principal office address MUST BE A STREET ADDRESS)	North Port FL 34287	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		nter the name of the new
New Registered Office Address:	Enter Florida stre	eet address
	City, Flori	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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Dated Oct	ober 30 , 2013
	Signature of a member or authorized representative of a member
	Alton L. Lightsey
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2013 OCT 31 PM 1: 47