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of 7/20/2013

COVER LETTER

TO:

Registration Section

Division o	of Corporations		
. DYL	AN AND DANIEL FENCE LLC		
SUBJECT:	Name of	Limited Liability Company	
The englosed Articl	les of Amendment and fee(s) are	submitted for filing	
		_	
Please return an coi	rrespondence concerning this mat	tter to the following:	
	DAIRON PEREZ		
		Name of Person	* , ** ** ****************************
	DYLAN AND DANIE	L FENCE LLC	
		Firm/Company	
	9249 86TH WAY N		
		Address	
	SEMINOLE, FLORIDA	A 33777	
		City/State and Zip Code	
	daironperez68@gmail.co	om ss: (to be used for future annual report no	otification)
For further information	tion concerning this matter, pleas		
DAIRON PEREZ		727 3207395	
N	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$ 25.00 Filing F	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)
_	tion Section	Street Address: Registration S	
Division P.O. Box	of Corporations 6327	Division of Co The Centre of	
	see, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DYLAN DANIEL FENCE 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 were filed on 05/09/2023 and assigned

Florida document number 123000227992

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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	Address	Type of Action
MGR	DAIRON PEREZ	9249 86TH WAY N SEMINOLE, FLORIDA 33777	🗏 Add
			□Remove
			□Change
			□Add
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Effecti	ve date, if other than the date of filing:
Note:	ve date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
rd is fil	ed.
rd is fil	
rd is fil	ed.
rd is fil	ed.

Filing Fee: \$25.00