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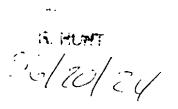
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COVER LETTER

TO:

Registration Section Division of Corporations

No-Dig Fence Solutions 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: Taylor Ferrence Name of Person No-Dig Fence Solutions LLC Firm/Company 10194 SW 138TH TERRACE Address DUNNELLON, FL 34432 City/State and Zip Code VentureFence@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taylor Ferrence Daytime Telephone Number 173 Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No-Dig Fence Solutions LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our rec limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 01/03/2024	and assigned
Florida document number L24000009158	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Venture Fence LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		#. • 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	or 11	(V) = =====
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
		_
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street aa	ldress
		. Florida
	City	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 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 Changing Registered Agent, Signature of New Registered Agent

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ctive date, if other than t	he date of filing	•		(6	optional)	
effective date is listed, the date ne: If the date inserted in this	rust be specific and	cannot be prior to		more than 90 days	after filing.) P	
iment's effective date on the			ne statatory m	ing requirements	, mis dute m	n not be nate.
ord specifies a delayed effectiled.	tive date, but not a	an effective tim	e, at 12:01 a.m	. on the earlier o	f: (b) The S	00th day after
June 13		2024				
			. ·			

Typed or printed name of signee