P2000000 6865

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
	_	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	tatus	
Special Instructions to Filing Officer:		





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SECRITARY OF STATE
TALL AREA OF STATE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ALL FENCE CONTRACTING INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN C BENCOMO Name of Contact Person **PRESIDENT** Firm/ Company 1239 SW SANTA BARBARA PL - B Address CAPE CORAL FL 33991 City/ State and Zip Code ALLFENCECONTRACT@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN C BENCOMO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL FENCE CONTRACTING INC

(Name of Corporation as currently filed with the Flori	ida Dept. of State)
P20000006865	
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> ts Articles of Incorporation:	ration adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpoi "chartered," "professional association," or the abbreviation "P.A."	
enuriered, projessional association, or inclusor eviation 1.71.	202
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	च्या स्ट्रांस क्षेत्र क
	- J
	יה דריים ביין
	70 111
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	السلام الله الله
(Matting duaress MAT BE A POST OF FICE BOX)	- 2
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:	THE NAME OF THE
Name of New Registered Agent	
(Florida street address)	
N. D. C. LOW ALL	774
New Registered Office Address: (City)	, Florida
(City)	(Elp Cide)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent; Thereby accept the appointment as registered agent. I am familiar with and accept the ob-	oligations of the position.
Signature of New Registered Agent, if cho	anging

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

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	REGLA C LASTRA	1239 SW SANTA BARBARA PL -
Add X / Remove			
2) Change			
Add			2000 AUCR
Remove 3) Change			
Add			\frac{1}{2}
Remove			PH 5
4) Change			- - - -
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	 		
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific	<u>ange(s) here</u> :				
EMOVE : REGLA C LASTRA			······································		_
	 				
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If an amendment provides for an exchange, reclassing provisions for implementing the amendment if not (if not applicable, indicate N/A)	fication, or cancella contained in the an	ition of issued shares, nendment itself:			
					_
					
				·····	_
					-

•	2-1-2020	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	1 2020	
Effective date <u>if applicable</u> :	1-2020	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing to Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cas sufficient for approval.	t for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on the	
"The number of votes ca	ast for the amendment(s) was/were sufficient for appro	val 5 28
by		
<u> </u>	(voting group)	
		5 S
2-1-2020		- IT
Dated		P. P.
		5.
Signature		
	director, president or other officer – if directors or of eted, by an incorporator – if in the hands of a receiver,	
	sinted fiduciary by that fiduciary)	
••	JUAN C BENCOMO	
	(Typed or printed name of person signing	ng)
	PRESIDENT	
	(Title of person signing)	