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(Requestor's Name) (Address) (Address)	100306398831
(City/State/Zip/Phone #)	12/08/1701016011 ** 35.00
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	T DEC -8 AHII
Office Use Only	AMA R. WHITE DEC 1 2 2017

		COVER LETTER	
TO: Amendment Se Division of Cor			
NAME OF CORPO	DRATION:		
	IBER:		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Stephanie Aring		
		Name of Contact Person	
	Fence Masters, Inc.		
		Firm/ Company	, <u>, , , , , , , , , , , , , , , ,</u>
	3550 NW 54th Street		
		Address	
	Miami, FL 33142		
	, <u> </u>	City/ State and Zip Code	
sari	ng@fencemastersinc.net	sed for future annual report no	otification)
	E-mail address. (10 be u	sed for future annual report in	
For further informat	ion concerning this matter, plea	se call:	
	0		
Stephanie Aring		305 at (635-7777
Nam	e of Contact Person		& Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depart	ment of State:
■ \$35 Filing Fee	□\$43.75 Fifing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Division Clifton F	nent Section of Corporations

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	rticles of Amendment
Art	ticles of Incorpor4400EC -8 AH 11: 19
Fence, Master	S. TOPELASSIFICATION
	as currently filed with the Florida Dept. of State)
(Document	t Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) (
. If amending name, enter the new name of the corpo	oration:
	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp." ord "chartered." "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
(stating datress <u>MAT BE A POST OFFICE BOX</u>)	
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. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ace address:
Name of New Registered Agent	
	(Florida street address)
<u>New Registered Office Address</u> :	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	<u>ered Agent:</u> im familiar with and accept the obligations of the position.
Signata	are of New Registered Agent, if changing
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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),

Please note the officer/director title by the first letter of the office title:

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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.

Example: X Change <u>PT</u> John Doe X Remove Σ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) 3550 NW 54th Street VΡ Jason Aring 1) ____ Change Miami, FL 33142 х __ Add Remove 2) ____ Change ____ Add __ Remove 3) ____ Change Add __ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ___ Add _ Remove 6) ____ Change ____ Add Remove Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (Attach additional shorts if nacessics) (*Bu* spacific)

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(Attach additional sheets, if ne	cessàry). (Be specific)		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) ado	ption:	_, if other
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will r artment of State's records.	iot be liste
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were sufficient	ded by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 11 2		
Signature	MXM	_
By a dire	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
S	. W. Ernst	

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(Title of person signing)

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