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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| end nezer. | ATLAS FEN | sĈE OF FLORIDA, LLC | | | | |
| NUBJEC I; | | Name of Lim | ited Liability Company | | | |
| Cha anglasas | d Articles of 3 | Amendment and fee(s) are sub | mitted for filing | | | |
| | | idence concerning this matter | - | | | |
| reine retur | i an correspon | defice concerning this mader | w the following. | | | |
| | | JUDY DAVIS | | | | |
| | Name of Person | | | | | |
| | | ATLAS FENCE OF FLOR | RIDA, LLC | | | |
| | | | Firm/Company | | | |
| | | 805 KAUFMAN AVENUI | E | | | |
| | | | Address | | | |
| | | FT PIERCE, FL 34950 | | | | |
| | | JUDYDAVISFL@HOTMA | City/State and Zip Code | | | |
| | | - | to be used for future annual report not | tification) | | |
| For further i | nformation co | oncerning this matter, please c | all: | | | |
| JUDY DAVIS | | 772 216-5042 | | | | |
| - | Name of | Person | at () Area Code Daytir | ne Telephone Number | | |
| inclosed is | a check for th | e following amount: | | | | |
| ■ \$25.00 l | 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) | | |
| | ailing Address | | Street Address: | | | |
| | gistration S vision of Co | | Registration Se Division of Co | | | |
| Division of Corporations P.O. Box 6327 | | | The Centre of Tallahassee | | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS FENCE OF FLORIDA, LLC

OF FLORIDA, LLC

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

(A Florida Limited Liability Company)

| | 11 12 27 | CRETIBLY OF STATE |
|---|---------------------------------------|---|
| The Articles of Organization for this Limited Liability | Company were filed on 11712720 | TOTCH IN ISSEE Fland assigned |
| If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: ulling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designa | tron "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 18-U |
| (Principal office address MUST BE A STREET ADD | <u></u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here: | | ls, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida sti | vet address |
| | | , 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------|----------------|
| AMBR | ERNEST WALTERS | 5300 MATANZAS AVENUE | = Add |
| | | FORT PIERCE FL 34946 | □Remove |
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| ective date, if other than the defective date is listed, the date must | late of filing: | o date of filing or a | (t nore than 90 days | ptional) after filing.) Pursuan | t to 605,020 |
| e: If the date inserted in this blocument's effective date on the Dep | | ble statutory fili | ng requirements | this date will not | be listed a |
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| cord specifies a delayed effective stiled. | date, but not an effective tin | ie, at 12:01 a.m. | on the earlier o | f: (b) The 90th do | ay after the |
| JUNE 9 | . 2022 | | | | |
| | Judy A | Da | | | |
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