U0400012930

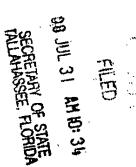
•
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Frione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Seranda Sopies
Special Instructions to Filing Officer:

Office Use Only



900133695429

07/31/08--01018--018 **25.00



M. THOMAS

AND 12008

EXAMINER

COVER LETTER

porations				
Stillman Fence, LL (Name of Lim	C ited Liability Company)			
	_			
Charles Stillman				
	(Name of Person)			
Charles Stillman Fence,	LLC	温 3		
(Firm/Company)				
6059 Robin Road	(Address)	BB JUL 31 M B: 31		
Crestview, FL 32539	(City/State and Zip Code)			
oncerning this matter, please c	all:			
	at (850) 62-30			
of Person)	(Area Code & Daytime T	`elephone Number)		
ne following amount:				
□\$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)		
	Stillman Fence, LL (Name of Lim Amendment and fee(s) are sub indence concerning this matter Charles Stillman Charles Stillman Fence, 6059 Robin Road Crestview, FL 32539 concerning this matter, please conf Person) the following amount: \$\Pi\$\$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Charles Stillman (Name of Person) Charles Stillman Fence, LLC (Firm/Company) 6059 Robin Road (Address) Crestview, FL 32539 (City/State and Zip Code) concerning this matter, please call: at (850) 62-30 (Area Code & Daytime Total Control of Person) at (850) 62-30 (Area Code & Code & Code) The following amount: Call Stillman Fence, LLC (Firm/Company) (Address) Crestview, FL 32539 (City/State and Zip Code) The following amount: Call Stillman Fence, LLC (Firm/Company) (Address) Crestview, FL 32539 (City/State and Zip Code) (Area Code & Daytime Total Code) (Area Code & Code & Code) Call Stillman Fence, LLC (Firm/Company)		

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations' Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Stillman Fence, LLC			
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 2-18-2004 and			
Florida document number L04000012930	•		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
			≥ 86
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	<u> </u>
			<u>ξ</u> ω π
			M ² In
B. If amending the registered agent and registered agent and/or the new registered of			iter the passe of the new
registered agent and/of the new registered (office address he	<u> </u>	5 ^m #
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Florida stre	et address)
		, Florid	fa
	-	(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 608, 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)

4 or ff amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address **Type of Action** MGRM Ethan Stillman 6059 Robin Road ■ 🗸 Add Crestview, FL 32539 Remove ☐ Add Remove ____Add Remove Remove ☐ Add Remove ┌ॉ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 29 200

Typed or printed name of signee

Charles Stillman

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00