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10 SEP -2 PH PO OT SECRETARY OF STATE

D. BRUCE
D. BRUCE
SEP 0 3 2010
EXAMINER

COVER LETTER

Division of			
SUBJECT:	AMERIC Name of Lim	AN FONCE LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
		ON ARNOW Name of Person	
	AME	HIGHN FEWER WG	
	22488	NW 176TH PV. Address	
	HIGH SPA	City State and Zip Code	10 SI SECR TALLA
	NN O MY AN E-mail address:	IERICAN FENCE . COM (to be used for future annual report notification)	SEP -2 CRETARY LAHASSEI
For further information	n concerning this matter, please	call:	PH 魔 PH 魔 F ST/FLO
DON AR	NOLJ e of Person	at <u>352</u> <u>256.5335</u> Area Code & Daytime Teleph	
	r the following amount:		
\$25.00 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1. CO.CAI COURT ...

AMERICA	in ten	Ut LIC			
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	iy as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number \(\bullet 0.4000 \) 65	. / /	were filed on	PT 3, 200	4 and assigne	»d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company	," the designation '	'LLC" or the abbre	eviation
Enter new principal offices address, if applica		22488 West 00	NW 17614	7 PL.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1	<u>30X)</u>	22488 Hight S0	NW 17674 2NG, R	PL. 32643	
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enter</u>	the name of the ALLAN	ie new
Name of New Registered Agent:	400		01	P-2	
New Registered Office Address:	22988	NW 1761H	r Florida street ad	drest	İ
	HGH SP	Olnies City	, Florida	AZ AZ YZip 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 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 = Ma MGRM = N	inager Managing Member							
<u>Title</u>	<u>Name</u>		Address			<u>Typ</u>	e of A	<u>ction</u>
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D. If amen	ding any other informati	on, enter change((s) here: (At	tach additional	sheets, if necesse	ary.)	≥10	
						AHASSEE	SEP -2 P	FILE
Dated	SAT	, 201(<u> </u>		·	ASSEE FLORIDA	-2 PH B 07	ED
	Signa	mus A a member of	VND	epresentative of	a member			

Page 2 of 2

Filing Fee: \$25.00