## LD400019392

(Requ	uestor's Name)	)
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(Docu	iment Number	)
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G. MCLEOD

JUN 0 3 2010

**EXAMINER** 



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OIVISION OF COURT AND

COMPAN TO CHANGE MY COMPAN NAME PLEASE IF You MAD ANTHANG CRSE THAN-130

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJI	ECT:	florida	a fence LLC		
J 222		Name of Limi	ted Liability Company		
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			carl hartwigs		
			Name of Person		
			florida fence LLC		
			Firm/Company		
			po box 372313		
Address					
		sa	ttelitte beach fl 32937		
			City/State and Zip Code		
		E-mail address: (t	to be used for future annual report	notification)	
For fur	ther information con	cerning this matter, please c	all:		
	cart	hartwigs	at ( 321 )	7957627	
	Name of Po	erson	Area Code & Da	sytime Telephone Number	
Enclos	ed is a check for the	following amount:			
\$25	.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of State osed) Certified Copy (additional copy is	

**MAILING ADDRESS:** 

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

florida fe	nce LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	9/20/2004	and assi	gned
Florida document numberL0400069092				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
atlantic fence of l				
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Compa	any," the designation "L	LC" or the al	bbreviation
Enter new principal offices address, if applicable:	4640 north h	arbour city blvd me	elbourne f	1 3293
(Principal office address MUST BE A STREET ADDRESS)				9
			<b>3</b>	
			Ş	Cont money Series Daile Series Daile
Enter new mailing address, if applicable:	po box 3723	13 satellite beach f	1 32937	7125 to
(Mailing address MAY BE A POST OFFICE BOX)			2	
			Ş	57 kg
			23	a seeli Agen
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	**************************************			
New Registered Office Address:				
	En	ter Florida street addı	ress	
<del></del>	Cia	, Florida	7: 0 '	
	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	jerry wharton	po box 372313 satellite beach florida 36	_ ✓ Add ☐ Remove
mgr	joseph pernal	po box 372313 satellite beach fl 32937	✓ Add Remove
	<del> </del>		Add Remove
******			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	-
_			-
Dated	may 26		-
	Signature of	of a member of authorized representative of a member	<del></del>
		carl hartwigs Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00