L05000028/0(

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	
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EXAMINER

Office Use Only



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02/25/08--01033--002 **55.00

COVER LETTER

Division of Corporations
SUBJECT: Family Fences & More LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher M. Day (Name of Person) Family Fences & More, LLC (Firm/Company)
Z157 Las Vegas Tr1. (Address) Navarre, FL 32566 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Chris Day at (850) 450-3881 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. tamily tence	s & More, LLC	ر ح		
(Name of the Limited	Liability Company as it now Florida Limited Liability Com	appears on our records	7	
<i>,,</i> ,	Thinks billined blacking com	P	平田 二	
The Articles of Organization for this Limited Li		n March 21, Z	005and assigned	
Florida document number <u>L050000</u>	28101	Î		
			FLC 2:	
This amendment is submitted to amend the follo	owing:		器 =	
			7	
A. If amending name, enter the new name of	the limited liability compa	ny here:		
U NAME IT! HOME	= IMPROVEME	NT AND RE	PATR LLC	
The new name must be distinguishable and end wit	h the words "Limited Liability	Company," the designation	"LLC" or the abbreviatio	
"L.L.C."				
B. If amending the registered agent and/o		s on our records, <u>enter</u>	the name of the nev	
registered agent and/or the new registered of	lice address here:			
	•			
No CNI Parintanal Assess	Christiala	- MD		
Name of New Registered Agent:	<u></u>	r M. Day s Vegas Trl		
New Registered Office Address:	2157 La	s Vegas Trl		
		(Enter Florida street address)		
•	Navacre	, Florida	32566	
	Navarre (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)

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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add Remove Add Remove Add Remove Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessity) February 22 member or authorized representative of a member Signature M Christopher M. Day
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00