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STATE OF STATE AND AND SEE FLORID

COVER LETTER

Division of Corporations	
SUBJECT: AAA Creage	Fencing Co. LLC
Name of Li	Imited Liability Company
	·
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Dovas	Name of Person
AAAcreey	Firm/Company
	ren Hergrett Rd. Address
<u>CvanFo</u> .	City/State and Zip Code 32327
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this matter, please	,
No a Kinting	PED EZO HELY
Name of Person	at (850) 570 4517 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	Area Code & Daytime Telephone Number
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee,
MAILING ADDRESS:	STREET/COURIER ADDRESS: Registration Section

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

AAA creage Fencing Co. LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number <u>4050000 71.4</u> .32
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
A space 9 space A space ACREAGE FENCING CO. LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C." Symbol And
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
The state of the s
Name of New Registered Agent:
Name of New Registered Agent: New Registered Office Address:
Town Registered Office Flediciss.
Enter Florida street address 2
City, Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

1.

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
 	·		Add Remove
	······································		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.J	1
 	7-17-12		—————————————————————————————————————
Dated	·	or authorized representative of a member Kir Tle 1	
	Douglas A Typedo	KirTle 1 r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00