## L0600000/175

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · ·
Certified Copies		
Special Instructions to	Filing Officer:	
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O9 NOV 30 PM 2: 52
SECRETARY OF STATE
AHASSEF, FLORID

J. BRYAN

DEC - 1 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Toranzo Fe	ences & Gates, LLC		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
		Beverly Toranzo		_
		Name of Person		
	Tora	nzo Fences & Gates, L	LC	_
		Firm Company		
	8815 Con	roy-Windermere Rd, S	uite 103	<b>-</b> -
		Address		O91
		Orlando, FL 32835		FILED NOV 30 PM 2: CRETARY OF S LAHASSEE, FL
		City State and Zip Code		33 F
	be	verly@needafence.biz		SE P III
	E-mail address:	to be used for future annual repo	rt notification)	Fro D
For further information co	ncerning this matter, please	call:		FILED  09 NOV 30 PM 2: 52  SECRETARY OF STATE FALLAHASSEE, FLORID
Beve	erly Toranzo	at (_407_)	415-9201	<del>D</del>
Name of	Person	Area Code & I	Daytime Telephone Numb	er
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	aling Fee, rate of Status & rat Copy rnal copy is enclosed)
MAILI	NG ADDRESS:	STREET/C	OURIER ADDRESS:	
Registration Section Registration Section				
Division of Corporations		Division of C	Jorporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

То	ranzo Fence	& Gates, Ll	<u>.C</u>		
(Name of the Limite	A Florida Limited	iny as it now appe Liability Company	<u>ars on our records.</u> )	.)	
The Articles of Organization for this Limited I		were filed on	January 4, 20	006 and a	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lial	bility company h	ere:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Com	pany," the designation	on "LLC" or the	abbreviation
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:		N/A		ECRETARY	Π
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			our records, ent	STATE STATE of the name	<u>.</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A	r	nter Florida street		
		E			
	<del></del>	City	, Florida	Zip Co	<del></del> de

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
MGRM	Nelson Toranzo	8815 Conroy Windermere Rd. Suite 103 Orlando, FL 32835	✓ Add ☐ Remove
<del></del>			Add Remove
			☐ Add ☐ Remove
			∧dd Remove
<del></del>			Add Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.) 
		•	
		, at	09 MOV 3U ECRETAR)
Dated	Signature of a member	r or authorized representative of a member	FILED MOV 30 PM 2 52 AHASSEE, FLORIDA
	Beve Typed	INCY TORANZO  I or printed name of signee	~ ~ ~

Page 2 of 2

Filing Fee: \$25.00