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S. HAWKES

OCT 2 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				, ,
SUBJECT:	ogens Lence Name of Limited Liabil	Installa-	tion	
The enclosed Articles of	Amendment and fee(s) are submitted fo	r filing.		
Please return all corresp	ondence concerning this matter to the fol	lowing:		
	Roser	ne of Person		
	Bogers Fence	e Instru	Metion	
	33639 Brisk 1	Address		
	Wesley Chapel	H 3354.	3	
	E-mail address: (to be used	for future annual report notification	on)	
For further information Rane Name		(<u>813)</u> <u>99</u>) – Z Area Code & Daytime Te	LOOZ lephone Number	
		٠		
Enclosed is a check for	he following amount:			
\$25.00 Filing Fee	Certificate of Status Co	.00 Filing Fee & entified Copy dditional copy is enclosed)	Should be seen that the seen of Status & Certificate of Status & Certified Copy (additional copy is encl	osed)
•				

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

Rosers Fenre	= Installati	on
Name of the Limited Li (A F)	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number	,	11 200 7 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th		C1 27
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2.X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r e address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
_		, Florida
	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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** JACKSO Remove Add 🔲 Remove ☐ Add Remove Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member

and succession or managing members on our records, enter the title, name, and address of each Manager

Page 2 of 2

yped or printed name of signee

Filing Fee: \$25.00