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ZOID JAN 26 PM 15 39
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JAN 2 7 2010

EXAMINER

COVER LETTER

TO: f* Registration Section Division of Corporations
SUBJECT: Total Pence Solutions of SW 7/a UC 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:
Connie Pennington Name of Person
Total Fence Solutions Firm/Company
11670 Metro tarkway
Foot Myers, Flore 100 33966 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 275-0737 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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

FILED

2010 JAN 26 PM # 39

. Name of the Limited Liabil	ity Company as it now appear a Limited Liability Company)	SECRETARY OF STATE SON OUR PECONDA
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	: :
The new name must be distinguishable and end with the v'L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	En	er Florida 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

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>	Name	Address	Type of Action		
MGR	Norberto Romero	5426 8th Avenue Fort Myers Fla 3390	Add Add Add Add		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	<i>).)</i>		
					
 			ZOID JAN 26 SECRETARY TAULAHASSE		
		er or authorized representative of a member	NZ6 PH 18 89		
	Туре	さいいくため d or printed name of signee	DE S		

Page 2 of 2

Filing Fee: \$25.00