## L08000072041

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C. LEWIS

MAY 1 0 2011

EXAMINER

## COVER LETTER.

Division of Co						
SUBJECT:	On Guard Fence Company, LLC					
	Name of Limited Liability Company					
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.					
Please return all corresp	pondence concerning this matter to the following:					
	Brian M. Parker  Name of Person					
	Name of Person					
	On Guard Fence Company, LLC					
	Firm/Company					
	4763 Fremont Street					
	Address					
	Jacksonville, FL 32210					
	City/State and Zip Code					
	brianmparker@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
Br	rian M. Parker at ( 904 ) 314-9973					
Name	of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
\$25.00 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)	:d)				

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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

PILED 2011 HAY -9 PH & KG

On Guard Fence Company, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization fo	or this Limited Liability Company	were filed on	07/15/2008	and assigned
Florida document number	L08000072041			
This amendment is submitted to	o amend the following:			
A. If amending name, enter t	the new name of the limited liab	oility company here	<b>:</b>	
The new name must be distinguis "L.L.C."	hable and end with the words "Lim	ited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			
Enter new mailing address, if				
(Mailing address MAY BE A I	red agent and/or registered of		ur regards enter t	
	ew registered office address her		ur records, <u>emer u</u>	ne hame of the new
Name of New Registe	ered Agent:			
New Registered Office	e Address:			
		Ente	er Florida street addi	·ess
		Citv	, Florida	Zip Code
		City .		Zip Couc

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Austin, Christopher B.	1720 Dogwood PL. Jacksonville, FL 32210	AddRemove
MGRM_	Austin, Amy F.	1720 Dogwood PL. Jacksonville, FL 32210	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
<del></del>			ZOII MAY
Dated	27 April	<u></u>	ARY OF STAT
		mber or authorized representative of a member  Brian Parker yped or printed name of signee	DM •

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Filing Fee: \$25.00