## 109000006915

(Re	questor's Name)	
(Add	dress)	
- L. A.)	<u></u>	
JAA)	dress)	
(City	y/State/Zip/Phone	e #)
	•	ŕ
PICK-UP	TIAW	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000327202110

04/08/19--01004--013 \*\*55.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PATADISE FENCE & DECKS LLC	
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:  Stephen William Peart	
Stephen William Peart Name of Person  Paradise Fence & Decks LLC Firm/Company	
4694 Blue Ribbon Drive	
Milton, FL. 32583  City/State and Zip Code  Paradise fencing @ yahoo_com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephen Pear + at (850) 450 - 8163  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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**

cks LLC
pany as it now appears on our records.) Liability Company)
y were filed on June 9 <sup>th</sup> 2009 and assigned
bility company here:
pility Company," the designation "LLC" or the abbreviation "L.L.C."
oility Company," the designation "LLC" or the abbreviation "L.L.C."
4694 Blue Ribbon Drive
4694 Blue Ribbon Drive Milton, FL 32583
4694 Blue Ribbon Drive
Milton, FL. 32583
·
office address on our records, enter the name of the ne
E
Enter Florida street address
Florida
City Zip Code
<u>:</u>
ree to act in this capacity. I further agree to comply with th

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 605, 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

-	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
<u> </u>	
_	
_	
ivote:	we date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he rec The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated _	April 1st 2019
	Signature of a member or authorized representative of a member
	Stephen W. Teart Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00