109000079617

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola Fence 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:

Anthony Paradiso

Name of Person

Osceola Fence LLC

Firm/Company

1711 Eastern Ave

Address

Saint Cloud FL 34769

City/State and Zip Code

anthony@osceolafencesupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Paradiso

Name of Person

at (407) 908-1941

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Osceola Fence LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company		_ and assigned
Florida document number L09000079617		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Osceola Fence Supply LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLo	or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO Box 701587	A A A A A A A A A A
(Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud	50 2
	Florida	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:	\ \ \ \	
New Registered Office Address:	Enter Florida street addre	SS
	, 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

f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
_	
_	
	3-4-13
	Signature of a member or authorized representative of a member
	ANTHONY PARADISO
	Typed or printed name of signee

Filing Fee: \$25.00

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