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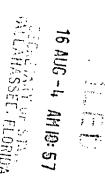
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COVER LETTER

TO:	Registration Se Division of Cor			
CUID HEA	Ole Time F	ence LLC		
SUBJE	U1;	Name of Lin	nited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Benjamin Fredrickson		
			Name of Person	
		Ole Time Fence LLC		
			Firm/Company	nga nganggang a mantag
		8380 Pointer Dr N		
		W	Address	
		Jacksonville, Fl. 32221		
		, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	and the second s
		oletimefence@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	ner information co	oncerning this matter, please or	all:	
Benjami	n Fredrickson		904 576-6864 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed	l is a check for th	e 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

Ole Time Pence LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L09000117971	Company were filed on 12/11/09 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	5
	Enter 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jeremy Scott Shiver	2946 Wickwire st.	Add
		Jacksonville, Fl. 32254	/ Remove
			C Change
MGRM	Brenda Reece	3432 Hartley Rd.	= Add
		Jacksonville, Fl. 32257	□ Remove
			☐ Change
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Effective date, if other than the	e date of filing:		(option		ا لينيا	toman (y
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	block does not meet the ap	plicable statutory filing i	e than 90 days after fi requirements, this c	ling:) Pursua late-will no	idito 60: The list	5.0207 (ted as t
the record specifies a delaye The 90th day after the rec	ed effective date, but cord is filed.	not an effective tin	ne, at 12:01 a.i	m. on the	e earli	er of:
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,	Signature of a member or a	uthorized representative of	a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00