## L10000016620

- 867. W. Bloomingdale AV Unit #6271 - Brandon, Fl 33508 -  (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900330877699

08/29/19--01017--012 \*\*25.00

2019 AUG 29 AM 8: 02 SECOLAHAS SEE 1915

AUG 3 0 2019 C Kiris



## July 2/21/19 FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 15, 2019

WILLIAM HENRY 867 W BLOOMINGDALE AVE UNIT 6271 BRANDON, FL 33508

SUBJECT: ALL RITE FENCING, LLC

Ref. Number: L10000016620

We have received your document for ALL RITE FENCING, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 119A00016825

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL RITE FENCING, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our remainded Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L10000016620		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register	red office address on our rec	ords, enter the name of the new
registered agent and/or the new registered office addres	ss here:	₩ <b>)</b>
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·
•	Enter Florida street a	ddress
		_, 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
MGR	Diane M Henry	10817 Kenbrook Dr	
		Riverview, FL 33578	
			Remove
			Change
			Remove
			☐ Change
			□ Remove
		·	Change
			Remove
			☐ Change
·		Add	
			☐ Remove
			Change
			Remove

D. If am	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
	· · · · · · · · · · · · · · · · · · ·
(If an ef <b>Note:</b>	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	8/08/2019
	Signature of a member or authorized representative of a member
	William Henry

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00