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(Red	questor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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K.SALY EXAMINER NOV - 7 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AAA Quality 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:
Barbara A Balmer-Bonilla Name of Person
AAA Quality Fence LLC Firm/Company
PO BOX 3036 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara A Balmer - Bonilla at (3al) 427-0002 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

12 NO.	FILED" V=6 PM 5: 23
PALLAHA	SSEE, FLORIDA
rds.)	

AAA Que	ality Fe	ence LLC	OUR records.) ALLAHASSEE, FLORIDA:
(Name of the Limited L (A F	iability Compan lorida Limited Li	y as it now appears on ability Company)	our records.
The Articles of Organization for this Limited Liab		_	
Florida document number <u>L 100000440</u>			•
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	
N/A The new name must be distinguishable and end with			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter I	Florida street address
		- C	, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Borbara A Balmer- Bonilla	950 Hooper Avenue NE Palm Boy, FL 32905	Add Remove
MGR_	Mark Bckemeier	103 St Johns Street Titusville FL 32780	Add Remove
<u>MGRM</u>	William Perrini JR.	2819 Sage Avenue SW Polm Bay, Fl. 32908	V Add Remove
MGRM	Judd Bonilla	950 Hooper Avenue NE Palm Boy, R 32905	Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Ba	rbara A Balmer-B	onilla - 50% ownershi	ρ
Ω	ark Bekemeier	- 30% ownership	1
<u>w</u>	Illiam Perriai JR	- 10% ownership	_
Ju	dd Bonilla	- 10% ownership	
Dated Octo	ober 26 , 2013	<u>. </u>	_
	Britaia a. Balm	er - Bonila	
_	Barbara A Balm	r authorized representative of a member 187 - Bonilla printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

STATEMENT OF OWNERSHIP

This certifies that I, William Perrini JR	am a member or
managing member of AAA Quality Fence	LLC.
I own% of the units issued by the Limited listed above.	Liability Company
Affidavit of Applicant: I certify that the information contains and correct to the best of my knowledge.	ontained herein is true
William Perrini (PRINT NAME)	
(APPLICANT SIGNATURE)	
10 26 201 2	

STATEMENT OF OWNERSHIP

This certifies that I, Judd Booilla am a member or
managing member of AAA Quality Fence LLC.
I own% of the units issued by the Limited Liability Company listed above.
Affidavit of Applicant: I certify that the information contained herein is true and correct to the best of my knowledge.
Judal Bonille (PRINT NAME)
Juliel Braille (APPLICANT SIGNATURE)
(DATE)