L10000044066

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

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Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Barbara Bonilla				
		Name of Person			
	AAA Quality Fence LLC				
		Firm/Company			
	Po Box 293				
		Address			
	Grant. FL 32949				
		City/State and Zip Code			
	aaaqualityfence@gmail.con				
	,	to be used for future annual report noting	neation)		
For further information c	oncerning this matter, please ca	alt:			
Barbara Bonilla		321 458.9191 at ()			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA Quality Fence LLC			[- -
(Name of the Limit	ed Liability Comp: (A Florida Limited	any as it now appears on our records.) Liability Company)	<u>.</u> ن
The Articles of Organization for this Limited Li Florida document number L10000044066	ability Company	were filed on April 23, 2010	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address	•	address on our records, enter the na	me of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		Elpaido.	
		, Florida _	Zin 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 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>	Address	Type of Action
MGR	Mark Bekemeier	Po Box 293	
		Grant, FL 32949	□Remove
			□Change
			□Remove
			□Change
			Add
			□ Remove
			Change
			□Remove
			
			
			□ Remove
			□ Change
			
			□Remove
			□ Change

	N/A			
Frective date, if other than the date of filing: November 22-2024 (optional) an effective 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 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. And Balma B				
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Barbara Balmer- Bonilla	_	Signature of a member or authorized representative of a member	-	÷
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Filing Fee: \$25.00