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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OD CONSTRUCTION & FENCES L.L.C.
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:

ODILIO AUGUSTIN
Name of Person

OD CONSTRUCTION & FENCES L.L.C.
Firm/Company

425 SOUTH C STREET
Address

LAKE WORTH, FL 33460
City/State and Zip Code

odfence@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ODILIO AUGUSTIN at (561) 301-1096
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

OD CONSTRUCTION & FENCES L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/19/2011 and assigned Florida document number L11000082841

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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 ADDRESS)

425 SOUTH C STREET

LAKE WORTH, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 SOUTH C STREET

LAKE WORTH, FL 33460

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ODILIO AUGUSTIN

New Registered Office Address:

425 SOUTH C STREET

Enter Florida street address

LAKE WORTH

City

Florida

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.

Odilio Augustin
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

N/A

MGR = Manager

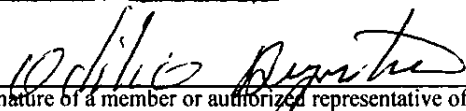
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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FLORIDA

E. Effective date, if other than the date of filing: N/A **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 13, 2014.


Signature of a member or authorized representative of a member

ODILIO AUGUSTIN
Typed or printed name of signee

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Filing Fee: \$25.00

14 JUN -2 04 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA