L12000039380

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DEPARTMENT OF STATE
DEVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations Ynot Fences and Pools, LLC SUBJECT: 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: Tony Nevels Name of Person Ynot Fences and Pools Firm/Company 92 Mimosa Street Address Crawfordville, FL 32327 City/State and Zip Code ynotfences@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tony Nevels Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ynot Fences and Pools, LLC

(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 L. Florida document number L1200039380		any were filed on $\frac{3/21/2}{}$	012	and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name o	f the limited 1	iability company here:		
Ynot Fences and Lawn Care, LLC				
The new name must be distinguishable and contain the w	ords "Limited L	iability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	n/a		
(Principal office address MUST BE A STREE		2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or ragent and/or the new registered office address	egistered offi		rds, <u>enter the name</u>	
Name of New Registered Agent:	n/a			
New Registered Office Address:		Enter Florida :	street address	
		City	, Florida	Zip Code
		City		ыр сөве

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				
S .	MCR =	Manager		
		- Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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record specifies a delayed effective is filed.	e date, but no	ot an effective ti	me, at 12:01 a.	m. on the earlier	of: (b) The 90th	day after the
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Filing Fee: \$25.00