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J. SAULSBERRY EXAMINER

JUL - 2 2013

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# A-1 SPECIALTY FENCE LLC

SUBJECT

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## RAYMOND MONTGOMERY

Name of Person

### A SPECIALTY FENCE LLC

Firm/Company

## 6035 66TH TERRACE N

Address

# PINELLAS PARK, FL 33781

City/State and Zip Code

#### MONTYA1@AOL.COM .

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## RAYMOND MONTGOMERY

727 688-2095

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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 ARTICLES OF ORGANIZATION **OF**

#### A-1 SPECIALTY FENCE 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 Liability C	Company were filed on 10/11/2012	and assigned
Florida document number L12000130007		
Piorida document ramber	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
A SPECIALTY FENCE LLC		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	7. 79
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3
intuing dutiess inti BE AT OBT OF THE BOX	<del></del>	
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	. Flor	ida
- Control of the Cont	City	Zip Code
New Degistered Agent's Signature if changing Degistere	d 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.

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
MGRM	ASHLEY P MONTGOMERY	6296 62ND STREET N	Add
		PINELLAS PARK, FL 33781	Remove
		· .	_
			Add
			Remove
			_
			Add
			Remove
			281
		1 55 214 200 0 1 200 0 1	Add
			Remove
			W 10: 00
		To-	Add
			Remove
			Add
			Remove

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
Dated JUNE 28	2013
Raymond KI	Montgement re of a member or authorized representative of a member
Signatur	re of a member or authorized representative of a member
RAYMOND K MON	ITGOMERY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL - 1 AM 10: 00