L17000057764

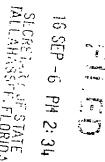
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J. HARRIE

COVER LETTER

TO:	Registration Sec Division of Corp				
CTID IE	FENCES FL	PC LLC			
SUBJECT:Name of Limited Liability Company					
The encl	osed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please re	eturn all correspor	idence concerning this matter	to the following:		
		CARLOS A ARDILA			
			Name of Person		
		FENCES FL PC LLC			
			Firm/Company		
		2166 ORINOCO DR SUIT	E 456		
			Address		
		ORLANDO,FL 32837			
			City/State and Zip Code		
		INFO@FENCESFL.COM			
For furth	ner information co	E-mail address: (I	to be used for future annual report notificall:	cation)	
	S A ARDILA		407 601-6976		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e 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:

TO:

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

FENCES FL PC LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000057764	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2166 ORINOCO DR SUITE 456	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO,FL 32837	16 SE
		SEI SEI
Enter new mailing address, if applicable:	2166 ORINOCO DR SUITE 456	SSI O
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO,FL 32837	100 N
		34 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of th
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
 	, Florid	
	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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ARDILA PILAR M	11761 SOUTH ORANGE BLOSSC	
		ORLANDO,FL 32837	■ Remove
			Change
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			□ Remove
			Change
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		<u> </u>	Remove
			☐ Change

). If a	<u> </u>	, enter change(s) here: (Attach additional sh	neets, if necessary.)
. '	CARLOS A ARDILA OWNE	R 100%	
•	•		
			<u>.</u>
		<u> </u>	
(If ar <u>No</u> doo	te: If the date inserted in this block cument's effective date on the Department's	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requitment of State's records. fective date, but not an effective time,	rements, this date will not be listed as the
-, .		0 0	
Da	ed AUGUST 25	, 2016	-
	Sig CARLOS A ARDILA	nature of a member or authorized representative of a me	ember 75 CI
	CARLOS A ARDILA	Typed or printed name of signee	EN IN THE
			SEC 5
		Page 3 of 3	

Filing Fee: \$25.00