

L13000160535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

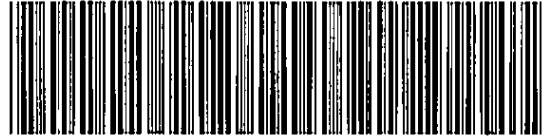
(Business Entity Name)

(Document Number)

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T. A. S.

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TALLAHASSEE, FLORIDA
2021 OCT 13 PM 12:10

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tampa Fence LLC

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:

James Robert Caldwell III

Name of Person

Tampa Fence LLC

Firm/Company

212 West Beach Place, Unit 2

Address

Tampa, FL 33606

City/State and Zip Code

toddy@tampafence.com

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

For further information concerning this matter, please call:

Tom Goode

813

525-4695

at (_____) _____

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 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**

Tampa 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 Company were filed on 11/15/2013 and assigned
Florida document number L13000160535.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

212 West Beach Place, Unit #2

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

212 West Beach Place, Unit #2

Tampa, FL 33606

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:

James Robert Caldwell III

New Registered Office Address:

212 West Beach Place, #2

Enter Florida street address

Tampa


City

Florida 33606

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tom Goode	2613 Wilson Circle, Lutz FL 33548	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Robert Caldwell III	212 West Beach Place, Unit #2, Tampa FL 33606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jaclyn Nicole Tighe	1527 Tammany Dr, Nashville, TN 37206	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

100% ownership being transferred from Tom Goode to James Robert Caldwell III and Jaclyn Nicole Tighe

2021 OCT -6 PM 12:19

77

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated October 3rd, 2021

James Duke Caldwell III
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

James Robert Caldwell III

Typed or printed name of signee

Filing Fee: \$25.00