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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Larry Maness Fencing, 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:
Stacey Maness
Larry Maness, LLC Firm/Company
1576 NW Pine Wood Ave. Address Arcadia, FL 34266-9482 City/State and Zip Code
Arcadia, FL 34266-9482 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary J. Mundell at (863) 494.2262 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

Larry Maness	Fencing, LLC Company as it now appears on our records.)	 -	
(AT INTO DE	mined maining company)		
The Articles of Organization for this Limited Liability Con Florida document number <u> </u>		nd assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Larry Ma The new name must be distinguishable and contain the words "Limited"		ion "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE,	SS) 1576 NW Pine W Freadia, FL 34266-	od Au 9482	- 'C -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(same as above		_ _ _
B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses.		name of the	new
Name of New Registered Agent:		<u>ai.' </u>	7
New Registered Office Address:	Enter Florida street address		
	Florida	;;; N	_
	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
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Effective date, if o	ther than the date of f	iling:	to date of filing or more	optiona than 90 days after fili	d) 1g.) Pursuant to 605.0207
Note: If the date ins	serted in this block does reduced on the Department	not meet the applic	able statutory filing r	requirements, this da	te will not be listed as
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Dated	DV. 17-	<u>X0/7</u>	<u> </u>		
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Filing Fee: \$25.00