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APR - 8 2014 J. HARRIS

COVER LETTER

Division of Corporations		
SUBJECT: SIMON King Fence and Deck 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:		
Simon King Name of Person		
Simon King Fence and Deck LLC. Finh/Company		
1522 Rankin Aveo		
City/State and Zip Code Simon King 3@ 9 mail. (om E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Simon King at (350) S97-6386 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fec		

MAILING ADDRESS:

TO:

Registration Section

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

Simon Kingfe	ree and Deck L.L.C.	
	ompany as it now appears on our records.) nited Liability Company) 3/3/14	
The Articles of Organization for this Limited Liability Comp		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited King Fence and Deck The new name musche distinguishable and end with the words "Limited"		ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	. ——
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		name of the new
registered agent and/or the new registered office address	s here:	APR
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	- 무료 공무
•	. Florida	-: A≥
		o 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	AMBR = Authorized Member			
Title	<u>Name</u>	Address	Type of Action	
AMBR	David King	4675 Cypress PT. Rd.	Add	
		Tallahassee Fl 32305	□ Remove	
AMBR	Thomas King	4675 Cypiess 27, Rd.	— Ø Add	
		4675 Cypiess 77. Pd. Tallahassce Fl. 32305	☐ Remove	
		•		
			Add	
			□ Remove	
			 □ Add	
			DIV.	
			ISTON OF CORPORATIONS ISTON OF CORPORATIONS REPOR -8 PH 1: 33 REPOR -8 PH 1: 33	
			_ Add Allow	
			□ Remove	
	·		□ Add	
			Remove	
		•		

(The effective	e date, if other than the date of filing: 48 44 (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	618 4/8 , 2014.
	Sit off
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00