L14000127240

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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SECRETARY OF STATE
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Valley Fend	ce Company LLC		
SOBJECT	•		ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Dennis Owens		
			Name of Person	
		Valley Fence Company LL	LC	
			Firm/Company	
		10524 Co Hwy 183 S		
			Address	
		Ponce De Leon, Fl 32455		
		•	City/State and Zip Code	
		russbyers@gmail.com		x 1 · v
		E-mail address: (I	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Dennis Ow	vens		850 693-5015	
	Name o	f Person	at ()	: Telephone Number
Enclosed is	s a check for th	ne 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 TO ARTICLES OF ORGANIZATION OF

VALLEY FENCE COMPANY LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 114000127240	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the nee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	m

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Jonathan Rushing	10524 Co Hwy 183 S, Ponce De La	= Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove SECULOR Change The
MARIA MA			SECRICIAND OF CHARGE Change
			P□ Change

						<u> </u>	_: 16
			Typed or printe	d name of signee		HA :	P III
	Dennis Owens	-		·		ETAS:	
	Wen.	Signature of	a member or autho	rized representative of	a member	TER C	77
Duica			_,	_· _/		Zo G	
Dated	5 July		2015				
If the reco (b) The 9	rd specifies a delar Oth day after the r	yed effective ecord is filed	date, but not i.	an effective tin	ne, at 12:01 a.m.	on the earlie	er of:
documen	it's effective date on the	e Department of	f State's records.				
(If an effect	e date, if other than the tive date is listed, the date inserted in this	must be specific a	nd cannot be prior			g.) Pursuant to 605.	
			7-25-2015				
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Filing Fee: \$25.00