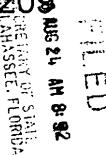
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

cubicat.	Fence & Gate Plus LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspor	ndence concerning this matter	to the following:		
	Ben Waters			
		Name of Person		•
	Fence & Gate Plus LLC			
		Firm/Company		-
	916 Levitt Parkway			
		Address		3 3
	Rockledge FL 32955			RUS 24 AH 8: 92 CHE DARY OF STATE LAHASSEE, FLORD
	<u> </u>	City/State and Zip Code		388 XXX 14
	sales@fenceandgateplus.co			
	E-mail address: (to be used for future annual repo	ort notification)	8: 92 STATE FLORID
For further information ed	oncerning this matter, please ca	all:		RALL RALL
Ben Waters		321 261-28		
Name of	Person	Area Code 1	Daytime Telephone Number	<u></u>
Enclosed is a check for th	_		– • • • • • • • • • • • • • • • • • • •	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	J) Certified	ite of Status &
MAILI	NG ADDRESS:	STREET/C	OURIER ADDRESS:	
Registra	ation Section n of Corporations	Registration Division of C	Section	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fence & Gate Plus LLC			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comparison of Co	ny were filed on	2/19/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
		I s	<u> </u>
		2	
Enter new mailing address, if applicable:	<u> </u>		2
(Mailing address MAY BE A POST OFFICE BOX)		្រ 	77. 20
			2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, ente	the hame of the ne
- consistent and of the new register of the state of the	<u> </u>		4.
Name of New Registered Agent:			
New Registered Office Address:			
regimered viries italies.	Enter Flo	rida street address	
		, Florida	
	City	, • • • • • • • • • • • • • • • • •	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of as provided for in (fmy duties, and Lan Chapter 605, F.S. O	n familiar with and r, if this document is
IfC	hanging Registered A	gent, Signature of New l	Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nathaniel James Waters	916 Levitt Parkway Rockledge F1, 32955	
			■ Remove
			☐ Change
AMBR	Kyle Alexander	916 Levitt Parkway Rockledge FL 32955	⊟ Add
			☐ Remove
			Change
			□ Add
		-	Remove
			ASSEE FLORID
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change

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Page 3 of 3

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