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COVER LETTER

Division of Corporations
SUBJECT: FL FENCE AND DOCK 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:
TEO MONTESANTO Name of Person
EL Ferrel And Jock Lac
2156 NW 24th AVE
Cape Coral FL 33993 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEO MONTESANTO at (239) 940 2152 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy Certificate of Status Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	D DOOR Z	<u> </u>		
(A Florida Lim	ited Liability Company)	ar records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on \mathcal{L}	17/2017	7 and assigne	ed .
Florida document number <u>L/5000487.</u> 5	16			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
TEDIT L. AND SCAPING. The new name must be distinguishable and contain the words "Limited 1	- 440			
The new name must be distinguishable and contain the words "Limited 1	Liability Company," the designat	tion "LLC" or the abbro	eviation "L.L.C."	•
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			<u>-</u>
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	- . <u> </u>		17	
		<u></u>	<u> </u>	
		ς Ω	5 to 2.	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter th	e name of t	he ne
egistered agent and of the new registered office address	nere.	דני		<u>.</u>
NEN. D. Ca. 14		ORIC REC		•
Name of New Registered Agent:		<u> </u>	<u> </u>	
New Registered Office Address:			 –	
	Enter Florida stre	eet address		
		, Florida		
	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 = AMBR =	Manager Authorized Member	•	
Title	Name	Address	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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			Tange
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If amending any other information, enter change(s) here: (Attach additional	_			
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.		filing.) Purs		
ne record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	ne, at 12:01 a	a.m. on tl	ne ear	lier of
Dated				
Dated	a member			
TEOT MONTESANTO Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00