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JUL 15 2016 S. YOUNG

COVER LETTER

TO:		ation Sec n of Corp	ction porations	•	
SUBJE	ст. F	ORSTEI	R FENCE OF JAX LLC		
SODJE	c1		Name of Limi	ted Liability Company	
The enc	losed Ar	ticles of A	Amendment and fee(s) are subr	nitted for filing	
			ndence concerning this matter	-	
			LEA	H MCCRUM	
				Name of Person	
			NEW JA	X CITY INSURANCE INC	
				Firm/Company	16 TALL
9943 B				EACH BLVD STE A	16 JUL 14
				Address	T 05
			JACKS	ONVILLE, FL 32246	ASSEE, FLORIUA
				City/State and Zip Code	
				@JAXCITY.NET to be used for future annual report noti	
For furt	her infor	mation co	oncerning this matter, please ca	·	,
ı	LEAH M	1CCRUN	А	at (904) 998-1966	
		Name of	f Person		e Telephone Number
Enclose	ed is a ch	eck for th	e following amount:		
	5.00 Filin		\$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)
		Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORSTER FENCE OF JA		
(<u>Name</u> of the <u>Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/17/2015	and assigned
Florida document number <u>L15000158789</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
		2 至
		= 3000
Enter new mailing address, if applicable:		
• • •		3 70
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the nev
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flori	
	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
MGR	MARIA C SYKES	3001 COBBLEWOOD LN EAST	Add
		JACKSONVILLE, FL 32225	Remove
			Change
			Add
			□ Remove
			Change Fr
		 	SECRETARY PARL AHASSE JULAN
			Remove FLORIO
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fective date, if a	other than the da	ate of filing: _				otional) fter filing.) Pursu	ant to 605.0207
ote: If the date in	serted in this block to date on the Depart	k does not meet	the applicable:	statutory filing re	quirements,	this date will n	ot be listed as
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Page 3 of 3

Filing Fee: \$25.00