## L16000125799

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## **COVER LETTER**

Division of Corporations
SUBJECT: A Plus Fencing 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:
Christopher Bailey Name of Person  A Plus Fercing, LLC Firm/Company  3532 Wherfield Phuy Address  Lakeland, FL 33803 City/State and Zip Code  Alus fercing, 863 Agracil, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Christopher Bailey at (863) 370-0904 To Name of Person at (863) 370-0904 To Daytime Telephone Number 45
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)}  \$260.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on oud Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1600125799</u>	ny were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2018
(Principal office address MUST BE A STREET ADDRESS)		2 20	72
Enter new mailing address, if applicable:		WSSEE.	5
(Mailing address MAY BE A POST OFFICE BOX)	-		
		NATION AND AND AND AND AND AND AND AND AND AN	<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter	the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stre	et 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 = Manager AMBR = Authorized Member

	<u>Title</u>	<u>Name</u>	Address	Type of Action
*	AMBR	Christopher Bailey	3532 Waterfield Pkwy	D Add
		·	Lakeland, FL	□ Remove
			33803	Change
				□ Add
				Remove
				Change
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lf an ei <u>Note:</u>	tive date, if other than the date of filing:    S
ne re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	1
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00