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# COVER LETTER

#### **Registration Section** TO: **Division of Corporations**

JOSEPH'S FLORIDA FENCING LLC

SUBJECT:

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:

MARLEN SIERRA

Name of Person

JOSEPH'S FLORIDA FENCING LLC

Firm/Company

342 S FIG TREE LANE

Address

PLANTATION, FL 33317

City/State and Zip Code MARLENSIERRA1980@YAHOO.COM

E-mail address: (to be used for luture annual report notification)

786

For further information concerning this matter, please call:

MARLEN SIERRA

Name of Person

554-5463 at (\_\_\_\_\_ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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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

## JOSEPH'S FLORIDA FENCING LLC

### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed o	n SEPTEMBER 21, 2016	_ and assigned
Florida document number		

This amendment is submitted to amend the following:

# A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	S) 342 S FIG TREE LANE		
	PLANTATION, FL 33317		
		\$7.0. 2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		*ستده د و سر *****	
(Malang adaress MAT BE AFOST OFFICE BOX)	<u>.</u>	<u>ت</u> آن	
		> _	
B. If amending the registered agent and/or registere	ed office address on our records, <u>ent</u>	ter the name of the ne	w
registered agent and/or the new registered office address	<u>i here</u> :	<u>.</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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

Title	Name	Address	Type of Action
MGR	MARLEN SIERRA	342 S FIG TREE LANE	
			🖬 Add
		PLANTATION, FL 33317	Remove
			Change
MGR	JOSEPH SIERRA	342 S FIG TREE LANE	
			🖸 Add
		PLANTATION, FL 33317	🖹 Remove
			Change
			Change
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			Remove

□ Change

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DÌ	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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### E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	·
	$\langle I \rangle$
	Signature of a member of authorized representative of a member
	MARLEN SIERRA
	Eyped or printed name of signee

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Filing Fee: \$25.00