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(Reque	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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SECRETARY OF STATE OF THE LAND SECRETARY OF FLORIDA



S. YOUNG

## COVER LETTER.

TO: Registration Section Division of Corpora		**		
SUBJECT:	Liles Fenc	cingLLC		
	Name of Limi	ited LiWility Company		
•				
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	ce concerning this matter	to the following:	,	
_		Kenneth Liles		
,		Name of Person		
_		Firm/Company		ا ا
_	/17/	7 Palm Ave	cation)	ALL
		Address	5	;
	Kiveri	1RW, FL 33578	<u>}</u>	<b>o</b>
_		City/State and Zip Code		圣
_	E-mail address: (	to be used for future annual report notifi	cation)	ب. دن
For further information conce				لب
Kennoth	Liles	at ( <u>\$13</u> ) 447	'-83'/2	
Name of Pers	oon	Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	l \$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)	
Registration	Corporations 327	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liles Fenci	ina LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as Wnow appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	were filed on $3/13/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	t <u>v company here</u> :
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<b>7</b> Pro
	7 77
Enter new mailing address, if applicable:	$\dot{\sigma}$
(Mailing address MAY BE A POST OFFICE BOX)	3 70
	<b>F.</b> D.F.
-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Degistered Agents	

## 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	<u>Nicholas Bynum</u>	1/117 Palm Ave Riverview FL 33578	☐ Add  © Remove
MGR	Kenneth Liles	11717 Palm Lve Riverview FL 33578	□ Change
			Change SEURE TARY OF FI
			Change. 3
			□ Change
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an ene lote:	exercise date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated .	March 31, 2017.
	Should Lotte
	Signature of a member or authorized representative of a member
	//

Page 3 of 3

Filing Fee: \$25.00