## 117000063633

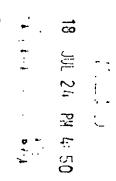
questor's Name)	
dress)	
ldress)	
ty/State/Zip/Phone	e #)
MAIT	MAIL
siness Entity Nar	me)
ncument Number	
_ Certificates	
Filing Officer:	
	dress)  cy/State/Zip/Phone WAIT  siness Entity Nar  cument Number)  Certificates

Office Use Only



400316013354

07/24/16--01013--005 \*\*25.00



JL L 8 2018 5. PRATHER

## COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: CKC FENCE 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:	
MILEREDO RIVERON Name of Person	
C.K.C. FENCE LLC Firm/Company	
7517 N ALBANY AVE	
CKCfence IIc 6 yahoo. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANGEL DIAZ at (813) 518 Q135  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$\sigma \text{\$\subset}\$\$ \$25.00 Filing Fee & Certificate of Status  Certificate of Status & Certificate Copy  (additional copy is enclosed)	

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 ORGANIZATION OF

CALL inited Liability Con	npany as it now appears on our records.)
(Name of the Limited Staylorda Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 2017, MARCH 30, and assigned
Florida document number <u>L1700063633</u>	
	· - <del></del>
This amendment is submitted to amend the following:	··· · (.
A. If amending name, enter the new name of the limited	liability company here:
A. If amending name, enter the not	2 [
is taken and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u></u> ζη
(Principal office address MUST BE A STREET ADDRES.	<u>sy</u>
Was address if applicable:	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
and/or register	red office address on our records, enter the name of the new
B. If amending the registered agent and or registered agent and/or the new registered office address	ss here:
registered agent and or the	
Name of New Registered Agent:	
Name of New Registered Algeria	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Desirtared	Agent:
New Registered Agent's Signature, if changing Registered	Agents in this capacity. I further agree to comply with the
I hereby accept the appointment as registered agent a	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and in the performance of the complete performance of the complete for in Chapter 605, F.S. Or, if this document is the complete of the complet
and of all civilities relative to the property	Chamton All 1 H 3 (7) If IIII accument
	ent as provided for in Chapter 603, 1.6. 64, 9 and defined liability defined address, I hereby confirm that the limited liability
company has been notified in writing of this change.	
S	
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## or removed from our records:

MGR = Manager
AMBR = Authorized Member

Maint - Va		<u>Address</u>	Type of Action
Title MGR	Name  A Naz - Caso	<del>_</del>	Add
/ <u>v(0)/C</u>	MNGC M. DIRE CALL	TAMPA, FL. 33604	Remove
			Change
			🖸 Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
_			Add
			Remove
			Change

		<del></del>
Effective date, if other than the date of filing:	Clina \ Purcus	ant to 605.0 of be listed
document's effective date on the Department		
the record specifies a delayed effective date, but not an effective time, at 12:01 a  The 90th day after the record is filed.		
Dated July 12 2018		
Signature of a member or futhorized representative of a member	., a. L	8
$\alpha$		<u>النال</u>
ANGEL M DIAZ AGREEM Typed or printed name of signee		24
		12
Page 3 of 3 Filing Fee: \$25.00	(a) **	. £