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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Flile Fence of Tampa Bay  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:
Christian 1205 Name of Person
Elite Fence of Tampa Bay
1720 Elise Marie Dr- Address
Seffner, FL. 33584 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christian Rio's  at (8/3) 8/7-0312  Name of Person  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$\$ Certified 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company 25 it now app. A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited Lia Florida document number <u>L17000097</u>		May 02, 2017 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	77
B. If amending the registered agent and/o registered agent and/or the new registered offi	***	on our records, enter the name of the new
		70
Name of New Registered Agent:		- <del> </del>
New Registered Office Address:	Enter F	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 <u>Title</u> Name<sub></sub> **Address Type of Action** \_□ Add ☐ Remove \_\_ Change MGR Circyory Hoelzer 1117 Tiburan Drive Selfner FL 33584 ☐ Remove Change MGR Gabriel Shoup 10045 Palmeto Circle Tampa FL 33619 ₩ Remove ☐ Change □ Add □ Remove □ Add □ Remove

☐ Change

Remove: Cabriel Shoup  ective date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	
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	g.) Pursuant to 60
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. he 90th day after the record is filed.	on the earl
ed July 24th, 2017	

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Filing Fee: \$25.00