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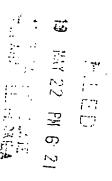
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COVER LETTER

Div	ision of Cor	porations		
SUB IFCT.		of Northwest Florida		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	i all correspo	ndence concerning this matter	to the following:	
		Jo Dunning		
		,	Name of Person	
		Mr. Fence of Northwest Fl	orida	
			Firm/Company	
		5942 Shannon Circle		
			Address	
		Youngstown, FL. 32466		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further is	nformation c	oncerning this matter, please ca	ail:	
Shannon Ca	usey		850 899-6519	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Mr. Fence of Northwest Florida (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 12,2017 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L17000106017 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 abbrevia 215 Burgess Creek Rd. Enter new principal offices address, if applicable: Wewahitchka, FL, 32465 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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 EDDIE FERRARI 1816 ARTHUR AVE **AMBR** __ 🗆 Add PANAMA CITY, FL 32405

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