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## COVER LETTER (

Division of Corporations
SUBJECT: Buldog FENCING 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:
Christoper or Jennifer Cooper Name of Person
Buldog Fencing LLC.
135 Legendary Or #303
St. Augustine FL 32092 City/State and Zip Code
buildog fencing 11c @ gmail.com  E-mail address: (to be used for fiture annual report hotification)
For further information concerning this matter, please call:
Tenifer Cooper at (904) 687 - 3858  Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Sta

#### 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**

Buldog Fencia Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability の	Company were filed on 6 8 2017 and assigned 5.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD.	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida, Zip Code
New Registered Agent's Signature, if changing Registere	·

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 or removed	g Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of eac	h person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Cooper	135 Legendary Or #303 St. Augustine FZ 32092	<b>X</b> Add
			Remove
			☐ Change
MGR	Jennifer Cooper	135 Legendary Dr #303 St. Augustme Fr 32092	<b></b> (Add
			Remove
		125 1 ADADAGO Do 14202	Change
AMBR	Jennifer Cooper	135 Legendary Dr. #303 St. Augustne FZ 32092	□ Add
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<u>Note:</u> I	ve date, if other than extive date is listed, the date if the date inserted in thi ent's effective date on the	s block does not	meet the applicab	date of filing or le statutory fil	(op more than 90 days af ing requirements, t	<b>tional)</b> ter filing.) Pursuant his date will not b	to 605.0207 (3)( be listed as the
	ord specifies a dela 90th day after the			an effective	time, at 12:01	a.m. on the	earlier of:
Dated _	June 13th	)	. 2017	··			
	Quen	Signature of a	Manual Ma	zed representati	yyof a member		

Page 3 of 3

Filing Fee: \$25.00