

L17000133858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

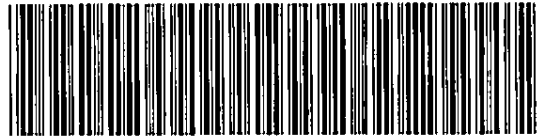
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FALL RIVER, FLORIDA

OCT 05 2018

T SCHNEIDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola Restorations 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:

Alex Everts
Name of Person

Osceola Restorations LLC
Firm/Company

5701 SE 22nd Pl
Address

Ocala, FL 34480
City/State and Zip Code

alex.everts@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Everts at (850) 228-2283
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

Osceola Restorations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/20/2017 and assigned Florida document number L17000133858.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marion Fence LLC

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)

5701 SE 22nd Pl
Ocala, FL
34460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5701 SE 22nd Pl
Ocala, FL
34460

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P.D	Alexander Everts	5701 SE 22nd Pl	<input type="checkbox"/> Add
		Ocala, FL	<input type="checkbox"/> Remove
		34480	<input checked="" type="checkbox"/> Change
V.D	Steven Bishop	5701 SE 22nd Pl	<input checked="" type="checkbox"/> Add
		Ocala, FL	<input type="checkbox"/> Remove
		34480	<input type="checkbox"/> Change
MGR	Lindsay Kemp	5701 SE 22nd Pl	<input type="checkbox"/> Add
		Ocala, FL	<input type="checkbox"/> Remove
		34480	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32304

18 OCT -1 PM 5:15
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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 24th, 2018.

Alex Ernst
Signature of a member or authorized representative of a member

Alexander Everts
Typed or printed name of signee