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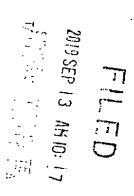
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SEP 23 2019

## **COVER LETTER**

Division of Co	rporations		
SUBJECT: DIY FENO	CE DEPOT, LLC		
JOBBET.		nited Liability Company	
	Amendment and fee(s) are sub	_	
	Christian Chiavetta	-	
		Name of Person	<del></del>
	DIY FENCE DEPOT, LL	g.	
		Firm/Company	
		Address	<del></del>
	Zephyrhills, FL 33541		
	<u> </u>	City/State and Zip Code	
	Chris.chiavetta@gmail.com		
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Christian Chiavetta		813 492-0553	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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, 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**

DIY FENCE DEPOT, LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rainited Liability Company)	ecords.}		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 07/24/2017		and assig	ned
Florida document number 1.17000157486	· · ·			,
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbrev	iation "L.L.t	<del></del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>			
Enton now mailing address if our P. 11				
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>		2019	
				· · ·
D. If any discrete the second second				3 <u>4</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our rec	ords, <u>enter the</u>	name- of . ယ	the-new
the new regime red office address	is nete.		3221	
Name of March 2000 and America		<del></del> ',	-01 HV	D
Name of New Registered Agent:	<del></del> -	<u> </u>		
New Registered Office Address:		, - }_	1 - i	
	Enter Florida street ac	ddress		
		. Florida		
	City		ıp Code	
New Registered Avent's Signature if changing Registered A	uant:			

## 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
MGRM	Chia Hsi Chiavetta	6130 Evansbrook Drive	
		Zephyrhills, FL 33541	
		Z.epnytiiiis, rt. 35541	Remove
			Change
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Effective date, if other than the effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot be pri block does not meet the appl	licable statutory filing re	han 90 days after filing ) Pursua	int to 605.0207 it be listed as
e record specifies a delay The 90th day after the r		not an effective time	e, at 12:01 a.m. on the	e earlier of
08/25 Dated	2019			
	hia Visi (di	in Little		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00