117000157684

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business É	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:
wrong form	<u></u>

Office Use Only



500314160065

06/06/18--01010--008 **43.75

SECRETARY OF STATE

FILED



June 7, 2018

ENRIQUE DE LEON GARCIA 5840 SUNDOWN CIR, APT 325 ORLANDO, FL 32822

SUBJECT: DLG FENCE LLC Ref. Number: L17000157684

We have received your document for DLG FENCE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00011885

Octavia L Simmons Regulatory Specialist III

RECEIVED BJUN 25 PH 1:52

COVER LETTER

Division of Corpor	rations		
SUBJECT: DL	G FENCE	E LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	FHRIQUE	De Leon G	arcia
		Name of Person	
	DLG ET	ENCE 11C	
		Firm/Company	
	5840 5	imidously or	-de apt-379
	30 (0)	Address	-de apT-32S
	Orlando	FL, 32827 City/State and Zip Code Leon 29 PYA o be used for future annual report notific	2_
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	1.1
-	KIKedel	LEON 29 WYA	Itoo. COM
	E-mail address: (1)	o be used for future annual report notific	ation)
For further information conc	erning this matter, please ca	II:	
Enrique	De Lean	at (407) 399 Daytime	722
Name of Pe	erson	Area Code Daytime	Felephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 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

O	
DLG FENCE L (Name of the Limited Liability Compa) (A Florida Limited L.)	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000157684</u>	were filed on FLORIDA Fakikassinged
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
DLG FENCE	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	5840 Sundown circle 9PT-325 Orlando FL, 32822
(Principal office address MUST BE A STREET ADDRESS)	9pT-325
	'orlando, FL, 32822
Enter new mailing address, if applicable:	5840 Sundown circle
(Mailing address MAY BE A POST OFFICE BOX)	5840 Sundown circle apt-325 orgando ;FL, 32822
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: ENT	ique de Leon Garcia
New Registered Office Address: 5840	SUNDOWN CITCLE OFT-325 Enter Florida street address
_orlan	Enter Florida street address City Carcia Garcia Garcia Apt-3 25 Enter Florida street address Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, <u>Signalibot of New Registered A</u>

Page 1 of 3

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	Address	Type of Action
AMBA	AGUSTINI Hernandez	14025 ANN HURST LT	
		orlando FL132826	KRemove
			□ Change
			D Add
			🗆 Remove
			Change
		W.S.S.E.	· · · · · · · · · · · · · · · · · · ·
			Change Change Change Change Change Change Change Change Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			□ Change

								_	-
									_
			-						-
-									_
									-
				·					-
									_
									-
								10 6	-
-			<u>.</u>				7		7
								10 N	- 7
								SENO	. [
								703	
_								30	7, 29
									<i>ی</i>
									_
		-							
								·	-
·	: F 4 b 4 b		· 61:				tantianal	`	
n effective da	e, if other tha te is listed, the da	n the date o i ite must be speci	fic and conne	ot be prior to d	late of filing o	or more than 90	(Optional days after filin) g) Pursuant to 60	5.020
<u>te:</u> If the d cument's ef	ate inserted in t fective date on	his block does the Departmer	s not meet that of State's	ie applicable records.	e statutory f	iling requirem	ents, this dat	e will not be lis	ted a
		·							
				but not a	n effectiv	e time, at	12:01 a.m	on the earli	ier (
The 90th	day after the	e record is f	filed.						
	-/10	12000	~			1			
	910	12018	· · ·	· -		\cap \int			
ted (
ted					φ	ive of a member			

Page 3 of 3

Filing Fee: \$25.00