L17000 200 278

| | (Requestor's Name) | |
|----------------------|-----------------------------------|--------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | | |
| Certified Copies | (Document Number) Certificates of | |





500324622155

03/04/19--01032--009 *+25.00

3/12/19 85

COVER LETTER

| TÓ: | Registration Se Division of Cor | | | |
|---------|------------------------------------|--|--|--|
| | | ONSTRUCTION | | |
| SUBJE | ECT: | Name of Limi | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Nelson Toranzo | | |
| | | City Fence, LLC | Name of Person | |
| | | 13790 Bridgewater Crossin | Firm/Company ng Blvd., Suite 1080 | · |
| | | Windermere, FL 34786 | Address | ······································ |
| | | | City/State and Zip Code | |
| | | beverly@needafence.biz | to be used for future annual repo | ort notification) |
| For fur | ther information co | oncerning this matter, please ca | | |
| Nelsor | n Toranzo | | 407 415-69 | 900 |
| | Name o | f Person | | Daytime Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| \$2. | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | 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

| CRUSH CONSTRUCTION | | | |
|---|--|---|---------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L L17000200278 | | were filed on | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name of CITY FENCE, LLC | f the limited liab | ility company here: | |
| he new name must be distinguishable and contain the v | words "Limited Liabi | lity 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) | | 13790 Bridgewater Crossings Blvd | Suite 1080, |
| | | Windermere, FL 34786 | |
| Enter new mailing address, if applicable: | | samo | : |
| <u>Mailing address MAY BE A POST OFFICE</u> | BOX) | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | Nelson Toranza | <u>e</u> : | nter the name of the |
| Negistered Office Addless. | - | Enter Florida street address | |
| | Windermere | , Florid | a FL 34786 |
| | | 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.

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 |
|--------------|-----------------|--|----------------|
| AMBR | Nelson Toranzo | 13790 Bridgewater Crossings Blvd. Suite 1080 Windermere, Fl. 34786 | Add |
| | | | - |
| | | | Remove |
| | | | Change |
| AMBR | Beverly Toranzo | 13790 Bridgewater Crossings Blvd. Suite 1080 Windermere, FL 34786 | Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |

| <u> </u> | | | | |
|--|--|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | - , | | · | |
| | | | | |
| | | | | · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | - | • |
| | | | | |
| | | | - | |
| | | | | |
| | | | | |
| fective date, if other than the d | iace or ming. | uary 22, 2019 | (option | onal) |
| in effective date is listed, the date must be the late inserted in this block. | be specific and cannot be ck does not meet the ap | prior to date of filing or oplicable statutory fil | more than 90 days after ing requirements, this | tiling.) Pursuant to 605.020 s date will not be listed a |
| cument's effective date on the Dep | | | - • | |
| | | | | |
| record specifies a delayed | | t not an effective | e time, at 12:01 a | a.m. on the earlier o |
| The 90th day after the reco | rd (s. tiled. | | | |
| | | | | |
| February 22 | 2019 | | | |
| February 22 ited | , 2019 | · | | |
| rted No Many La | . 2019 | | | |
| nted Nellon Jo | 14000 | authorized representati | ve of a member | |

Page 3 of 3

Filing Fee: \$25.00