

**L17000203079**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

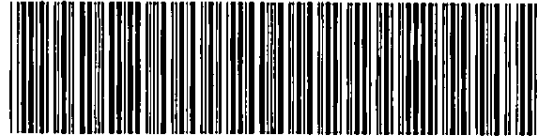
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corp.

From: Joca Fence LLC

Letter# 219A00001755

6 Pages - including

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OFFICE OF THE  
TALLAHASSEE, FLORIDA

2019 FEB 11 11:21:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOCA Fence 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:

Dany's Alvarez Cabrera  
Name of Person

JOCA Fence LLC  
Firm/Company

11117 W Okeechobee Rd  
Address

Hialeah Gardens FL 33018  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dany's Alvarez Cabrera at 786 327-6867  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:  
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

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STATE OF FLORIDA  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JOCA fence 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 10-02-2017 and assigned Florida document number L17000203079

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

Title	Name	Address	Type of Action
P	Dany's Alvarez Cabrera	635 NW 186 <sup>th</sup> St unit 210 Miami, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

P	JOSE AMANDO JUVERT	11117 W Okeechubee Rd suite 119 Hialeah Gardens, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF COURT

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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STONEYBROOK STATE  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 02-12-2019 (optional)  
(If an effective date is listed, the date must be specific and cannot be "as soon as possible.")

**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.

(b) The 90th day after the record is filed.

Dated 12.03.10, 2019

*[Handwritten signature]*

Danys Alvarez Cabrera

Typed or printed name of signee