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SECRETARY OF STAFE DIVISION OF CORPORATIONS

N COOPER MAY 2 2 2018

COVER LETTER

SUBJECT: AM	avily Fence, LLO	(
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Amoury Su	varez Legon	
		Name of Person	
	AMANY FLA	-12, LL(<u></u>
		Firm/Company	
	11940 S.W.	17457.	
		Address	
	Miani, Fl	L 33187	
		City/State and Zip Code	
	AMQUIYFEN	ce (yahov. Lom	
	E-mail address: (10	o be used for future annual report notat	ication)
For further information co	ncerning this matter, please ca	tl:	
Amaury S	varez Legon	at (786) 394 -	-3865
Name of	Person	at (786) 394-3865 Area Code Daytime Telephone Number ving amount: 0.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Amoury Fence, LLC		
(<u>Name of the Limited Liabi</u>) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed onO1/18/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abb	reviation "L.L.C"
Enter new principal offices address, if applicable:		88 1516 1516 1516
(Principal office address MUST BE A STREET ADD	RESS)	N CONTRACTOR
		- CX-
		PORV
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		6 %
		he name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	er the name of the new
	, Florida	Tim Co. In
Florida document number	Διρ Code	
tion registrica recui a signature, it changing Register	<u> </u>	

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>	Type of Action
MGR	Monica Toledo	11940 S.W. 174 St.	Add
		Miani , FL 33177	🗆 Remove
			Change
NGR	Isnaldo Hernandez Armas	2896 N.W. 935t.	S Add
		Minni, FL 33147	☐ Remove
			Change
MGR	Alvarez Infante Victor	5001 S.W. 96 Ave	∑a Add
		Miami, FL 33/65	Remove
			Change
			Add
			☐ Remove
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i an c Note	tive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to enter the record is filed.	he earl	lier o
)ate	1 May 15 , 2018.		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00