

**L18000021203**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

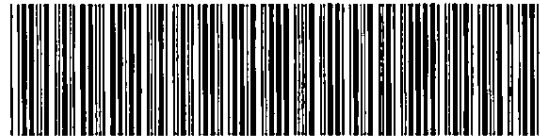
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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09/04/18--01024--014 \*\*52.50

09/25/18--01024--018 \*\*7.50

2018 SEP 28 AM 11:35  
SECRETARY OF STATE  
FBI - SHANGHAI OFFICE

FILED

M. MILLIGAN  
SEP 28 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2018

SOLID FENCING LLC  
ATTN: JEFFREY CAMILLE  
4677 CARTHAGE CIR S  
LAKE WORTH, FL 33463

SUBJECT: SOLID FENCING, LLC.  
Ref. Number: L18000021203

We have received your document for SOLID FENCING, LLC. and your check(s) totaling \$52.50. 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 Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Michelle Milligan  
Senior Section Administrator

Letter Number: 218A00018671

2018 SEP 20 PM 9:43

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Solid Fencing 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:

Jeffrey Camille  
Name of Person

Solid Fencing LLC  
Firm/Company

4677 Carthage Circle S  
Address

Lake Worth FL 33463  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeffrey Camille at (561) 577-7305  
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

FILED  
2018 SEP 28 AM 11:35  
CLERK OF DISTRICT COURT  
COUNTY OF OKLAHOMA  
2018 and assigned

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company))

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u> President	<u>Jeffrey Camille</u>	<u>4677 Carthage Cir S</u>	<input checked="" type="checkbox"/> Add
		<u>LAKE WORTH FL 33463</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u> Chief Executive Officer	<u>Jeffrey Camille</u>	<u>4677 Carthage Cir S</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth FL 33463</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>GM</u> General Manager	<u>Jeffrey Camille</u>	<u>4677 Carthage Cir S</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth FL 33463</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

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

Dated September 28, 2018

  
Signature of a member

Signature of a member or authorized representative of a member

**Jeffrey Camille**

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**

2018 SEP 28 AM 11:35  
 DEPARTMENT OF COMMERCE  
 OFFICE OF TRADE ANALYSIS

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