L18000021203

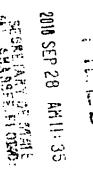
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WF

Office Use Only



200317723282

09/04/18--01024--014 **52.50 09/25/18--01024--018 **7.50



M. MILLIGAN SEP 28 2018



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.

Letter Number: 218A00018671

Michelle Milligan Senior Section Administrator

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: Sch	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Jeffrey Camille Name of Person
	Name of Person
	Solid Fencing LLC
	Firm/Company
	4677 Carthage Cirs
	Address
	Lake Worth FL 33463 City/State and Zip Code
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Jeffrey	Camille at (561) 577-7-305 Area Code Daytime Telephone Number
Name of Po	150n Area Code Daynme Telephone (valuoe)
Enclosed is a check for the f	ollowing amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

11	,	*
ARTICLES OF O	RGANIZATION	12
O	F	2010 SEP 28 AMIL 35
		25,028
(Name of the Limited Liability Compar (A Florida Limited L	19 LLC	AMILIAN AMILIA
(Name of the Limited Liability Compar	y as it now appears on our recor	ds.) 134.901.05
(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Jan. 24th	2018 and assigned
Florida document number <u>L 180000 21 203</u>		
Florida document number <u>L 100000 27 20</u> 0		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" 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:	5464 F.O. B	0人
(Mailing address MAY BE A POST OFFICE BOX)	Lake Worth	0X FL 33466
		-
B. If amending the registered agent and/or registered of	fice address on our record	ls, enter the name of the ne
registered agent and/or the new registered office address here		,
Name of New Registered Agent:		
Maine of New Registered Agent.		
New Registered Office Address:		<u></u>
	Enter Florida street addre	255
	, F	lorida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Jeffrey Comille	467 Carthage Cira S	Add
President		Lake worth FL 33463	Remove
			Change
<u>CEO</u>	Jeffrey Camille	4677 Carthage Cizs	Add
Chief Ercotic offic	e C	Cake Worth FL 3346	Remove
			Change
GM	Jiffrey Camille	4677 Curthage Cik S	.b2 (Add
Chereial Markinger	2	Laki worth FL 33463	□ Remove
	•		Change
			□ Remove
			Change
	.	· <u> </u>	□ Add
		·	□ Remove
			Change
			O Add
			_□ Remove
			☐ Change

			···	
		·	· · · · · · · · · · · · · · · · · · ·	
			_	
				-
				
				·
····				
				
				
		 -		
ctive date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must b	e specific and cannot be prior	to date of filing or mon	than 90 days after filing.)	Puntant to 603,020
e; If the date inserted in this bloc ament's effective date on the Dep	artment of State's records	able scatulory iming i	edonencing mas one s	ein not be nated at
ecord specifies a delayed o	effective date, but no	it an effective tin	ne, at 12:01 a.m. c	n the earlier o
ne 90th day after the recor	d is filed.			
	2018			
September 28	2010			
ed September 28		 '		
September 28	70-	··············		
September 28	mature of a member or auth	orized representative of	a member	
September 28 Jeffrey Camille	70-	on red representative of	a member	

Page 3 of 3

Filing Fee: \$25.00