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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
Surject: So	lid Fencina L	LC	
	Nam€ of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeffrey	Camilk Name of Person	
	Solid	Fencing LLC Firm/Company	
	<u>4677 Ca</u>	Mack Cir S	
	Lake	Worth F1 334	463
	E-mail address: (City/State and Zip Code Peyo Counille De to be used for future annual report notif	yahoo.com
For further information c	oncerning this matter, please ca	all:	
Jeffrey Name o	Carrille f Person	at (305) 924 Area Code Daytime	4332 Telephone Number
Enclosed is a check for the	ne 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solid Fencin	· /
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following:	diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company, here: Inding name, enter the new name of the limited liability company, here: Inding name, enter the new name of the limited liability company, here: Inding name, enter the new name of the limited liability company, here: Inding name, enter the new name of the limited liability company, here: Inding name, enter the designation "L.I.C" or the de
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	E ST
B. If amending the registered agent and/or register agent and/or the new registered office address here	
Name of New Registered Agent:	Jeffrey Camille
New Registered Office Address:	200 N Federal Highway, Suite 200
	Boca Patov Florida 33432 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 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
MGR	Jeffrey Camille	1200 N Federal Highway	□Add
		Suite 200	□Remove
٠		Bora Raton AL 33436	L Change
AMBR Christina	Christina Lory Milfort	1200 N Federal Highwa	⊈_ E V Add
		Suite 700	□Remove
		Boca Rober Fl 33436	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Channa

ective	date, if other than the date of filing: (optional)
effective: If t	we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	s effective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
	A 13
ed	Avg. 13 2022
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member Jeffrey Carnille Typed or printed name of signee