

L180000 21203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

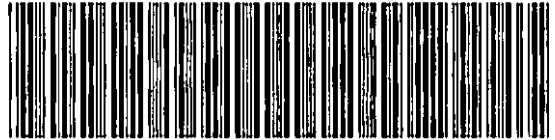
(Business Entity Name)

(Document Number)

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SECRET  
FALL 2022  
E-1-1100

## 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 Carmille

Name of Person

SOLID FENCING LLC

Firm/Company

2611 NW 17 LN

Address

Pompano Beach FL 33064

City/State and Zip Code

Contact@Solidfencing.co

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

For further information concerning this matter, please call:

Jeffrey Carmille

Name of Person

at ( 305 ) 924-4332

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 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 Fencing 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 Jan. 24, 2018 and assigned Florida document number L18000021203.

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:

Jeffrey Camille

New Registered Office Address:

515 N Flagler Drive, Suite # P-300

Enter Florida street address

West Palm Beach

City

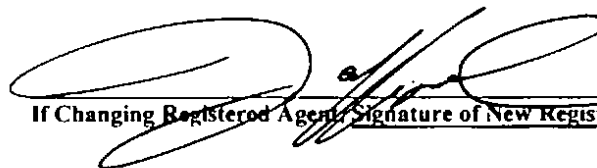
Florida

33401

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

| <u>Title</u> | <u>Name</u>            | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|------------------------|------------------------|--|
| AMBR         | Christine Lory Milfort | 1200 N Federal Highway | <input type="checkbox"/> Add               |
|              |                        | Suite 200              | <input checked="" type="checkbox"/> Remove |
|              |                        | Boca Raton FL 33436    | <input type="checkbox"/> Change            |
| MGR          | Jeffrey Camille        | 1200 N Federal Highway | <input type="checkbox"/> Add               |
|              |                        | Suite 200              | <input checked="" type="checkbox"/> Remove |
|              |                        | Boca Raton FL 33436    | <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            |
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|              |                        |                        | <input type="checkbox"/> Remove            |
|              |                        |                        | <input type="checkbox"/> Change            |

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

SECRETARY OF STATE  
FALLAINT - JAMES E.

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E. Effective date, if other than the date of filing: August 20, 2022 (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 August 14, 2022

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee