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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT	Clay Fencin	g & Barns Agriculture, LLC		
SCHOLET.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Dina Hampton		
			Name of Person	
		Elite Office Services of Ok	eechobee, LLC	
			Firm/Company	
		1210 SW 2nd Ave		
			Address	
		Okeechobee, FL 34974		
•			City/State and Zip Code	
		dina@cliteofficeserviceslle.		
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please co	all:	
Dina Hampi	ton		863 467-5900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Clay Fencing & Barns Agriculture, LLC	
(Name of the Limited L (A.F.	dability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on 2/16/185 and assigned
Florida document number L18000051036	·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
Clay Agricultural Fencing, LLC	
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	e:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
.	The state of the s
B. It amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	The state of the s
	45
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	City 7in 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>	Name	Address	Type of Action
MGR	Charles Clay	2038 SE 32nd St, Okeechobee, FL:	∃ Add
			☐ Remove
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Filing Fee: \$25.00