L18000051036

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	Registration Se Division of Cor			·
elin iec	7/81	RICULTURAL FENCING , LI	LC	
SUBJEC	.T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rea	turn all correspo	ondence concerning this matter	to the following:	
		TONYA CLAY		
			Name of Person	
		CLAY AGRICULTURAL	FENCING , LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2038 SE 32ND STREET		
			Address	
		OKEECHOBEE, FLORIE	DA 34974	
			City/State and Zip Code	
		CLAYFENCEANDBARNS	S@OUTLOOK.COM to be used for future annual report not	:C
For further	er information c	oncerning this matter, please co	·	incation)
TONYA	CLAY		863 532-1412	·
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
	P.O. Box 632 Tallahassee, I	7	The Centre of 7	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 May 20

CLAY AGRICULTURAL FENCING. LLC

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

10/11/2022

The Articles of Organization for this Limited I.	iability Company were filed on 1	and assigned
Florida document number L18000051036	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company b	<u>ere</u> :
CLAY ALUMINUM & AGRICULTURAL SERV	VICES , 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 appli-	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	TONYA CLAY	
New Registered Office Address:	2038 SE 32ND STREET	
	Enter Fl	orida street address
	OKEECHOBEE	, Florida ³⁴⁹⁷⁴
	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, 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
			□Add
			□Remove
			☐ Change
			□ Add
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			□Change
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Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	CLAY AGE	RICULTURAL FENCING , LI	LC	
PODU	<u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TONYA CLAY		
			Name of Person	
		CLAY AGRICULTURAL	FENCING, LLC	
			Firm/Company	
		2038 SE 32ND STREET		
			Address	
		OKEECHOBEE, FLORIC	DA 34974	
			City/State and Zip Code	
		CLAYFENCEANDBARNS	S@OUTLOOK.COM to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	•	includion,
TONY	A CLAY		863 532-1412 at ()	
	Name of	l'Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 ARTICLES OF ORGANIZATION OF

CLAY AGRICULTURAL 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	d Liability Company were filed on	10/11/2023
Florida document number L18000051036		and assigned
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	e of the limited liability company	hero.
CLAY ALUMINUM & AGRICULTURAL SE	RVICES LIC	_
The new name must be distinguishable and contain th	e words "Limited Liability Company" at	o docina de la companya de la compan
Enter new principal offices address, if app	licable:	e designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address and the new registered Agent: Name of New Registered Agent:		records, enter the name of the new registered
Name of New Registered Agent:	TONYACLAY	
New Registered Office Address:	2038 SE 32ND STREET	
	Enter Flo	orida street address
	OKEECHOBEE	, Florida ³⁴⁹⁷⁴
New Registered Agent's Signature, if changing	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.

amenuing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	
			Type of Action
			———— □Add
			□ Remove
			———— ©Change
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Dated _	OCTOBER 11TH	· · · · · · · · · · · · · · · · · · ·	2023	·		
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