118000059276

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Se Division of Cor			
our.		S FENCING & MORE LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The en	closed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	o the following:	
		CHRIS SPACH-MCLAME	3	
			Name of Person	
		OUTLAWS FENCING &	MORE LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2602 N. EAST AVE		
			Address	
		PANAMA CITY FL 32405	i	
			City/State and Zip Code	
		JADENMCLAMB@YAHO E-mail address: (to	O.COM o be used for future annual re	eport notification)
For fur	ther information co	oncerning this matter, please ca	11:	
CHRIS	S SPACH-MCLAN	ИВ		-0618
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$23	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Registra Divisio P.O. Bo	NG ADDRESS: nation Section n of Corporations ox 6327 ssee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTLAWS FENCING & MORE 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 03/09/2018 and assigned Florida document number L18000059276 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: New Registered Office Address: Enter Klorida street address . Florida j City 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

Page 1 of 3

GR = M MBR = A	nnager ithorized Member		
itle	Name	<u>Address</u>	Type of Action
IGR	CHRIS SPACH-MCLAMB	2602 N. East Ave. Panama City.	FI □ □ Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
<u></u>			□ Add
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			□ Remove
			Change

amending any other inforn	nation, enter change(s) her	e: (Attach add	itional sheets, if neco	essary.)	
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prio block does not meet the appli	cable statutory fil	(option of the contract of the	filing.) Pursuant to 605.020	97 (3 s th
e record specifies a delay The 90th day after the re	ed effective date, but no cord is filed.	ot an effective	e time, at 12:01 a	i.m. on the earlier c	of:
March 13	2018				
Chi	Signature of a member of aut		huand a more har		
CHRIS SPACH-MCI	_	wazeo representati	ive of a member		
	Typed or print	ted name of signee	-		
	Pag	e 3 of 3			

Filing Fee: \$25.00