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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: B & D Fence and Deck 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:
Doyle C. Naffziger Name of Person
B&D Fence and Deck LLC
4529 Hickory Forest Circle
Tallahassee, FL. 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Doyle Naffziger at (850) 228-2502  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sqrt{\$25.00 Filing Fee}\$ \$\sqrt{\$\$30.00 Filing Fee & Certificate of Status}\$ \$\sqrt{\$\$Certified Copy (additional copy is enclosed)}\$ \$\sqrt{\$\$\$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

nd Deck LLC	The Transfer
y Company as it now appears on our Limited Liability Company)	records.)
ompany were filed on $4/09$	7/2018 and assigned
ed liability company here:	
eck LLC ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
ESS)	
office address on our records,	enter the name of the new registere
Enter Florida street	address
City	, Florida Zip Code
	ed liability company here:  CKLLC ed Liability Company." the designation  ESS)  Enter Florida street

### 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
AMBR	Robert K. Lane	191 Dove Lane	
		monticello, FL	Remove
		32344	Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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***			🗆 Add
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an effect	e date, if other the tive date is listed, the the date inserted in it's effective date of	date must be speci n this block does	ific and cannot be s not meet the ap	prior to date of filin oplicable statutor	g or more than 90	days after filing.	) Pursuant to 605.020
ocumen							
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Filing Fee: \$25.00