118000001233

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700319148187

10/01/18--01012--020 **25.00

F IL F.U

18 0CT -5 PH 2: 47

ALTHOR CONTROL OF THE BA

OCT 2 2 7010

T SCHROEDER

COVER LETTER

SUBJECT:	ULINE Feno	CING LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gar	Myrick Name of Person	
~	INL	ine Fencing Firm/Company	LLC
	1425	SZ Amero Las	ne
	Span E-mail address: (1	city/State and Zlp Code Pencing 727 600 to be used for future annual report north	a mail. com
For further information co	oncerning this matter, please ca	al]:	
Cary M	YCICK Person	at (813) 302 - Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO: Registration Section Division of Corporations

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

TN Line Fenc (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L180009123</u>	y were filed on $\frac{4/11/2018}{}$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	IA				
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	2000 Bermuda Rd Marco Island, FL 34145				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14252 Amero Lane Springhill, FL 34609				
registered agent and/or the new registered office address here Name of New Registered Agent:	office address on our records, enter the name of the new re:				
Spring	City Florida Street address Florida 34609				

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	·		Add
			Remove
			☐ Change
<u>ambr</u>	CARD SCARPA	PO BOX 102	Add
		MARIO Island, FL	Remove
		34146	Change
			Add
			Change Add 22
			Change
			To The
			□ Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

						_		
		·. <u>-</u>					<u>. </u>	_
								_
						•		_
 								_
								_
								_
								_
						<u> </u>	1 8	-
						<u>.</u>	<u> </u>	T
				<u></u>				_ <u>.</u> П
<u> </u>				_		·.	<u> </u>	
an effective date is list	her than the date ed, the date must be spi crted in this block do	ecific and cannot				ling.) Purst		
	date on the Departn			mory ming requ	memons, ms			
		at a data. L	uit nat an af	factive time	at 12:01 a.	m. on th	ne ear	lier o

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00