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# **COVER LETTER**

TO: Registration Section Division of Corporations

Father Time Fencing LLC Name of Limited Liability Company SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:  $\langle \cdot \rangle$ Bryce Dantwan Father Time Fencing LLC Blakeport Lana City/State and Zip Code MEFENCINGLUCE gmail. COm address: (to be used for titure annual report notification)

For further information concerning this matter, please call:

at (<u>386</u>) <u>444 - 166</u> Area Code Davtime Telephone Number

Enclosed is a check for the following amount:

Q∫ \$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 tadditional copy is enclosed)

MAILING ADDRESS: 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				
Father Time Fence (Name of the Limited Liability Compa (A Florida Limited)	1	_		
The Articles of Organization for this Limited Liability Company Florida document number $L I S 000186278$	were filed on $UY/U3/2015$ and	assigned		
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	1 1 "L.L.C,"]		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11 Blake poit lane Pailm Coast Fl			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11 Blake Port lanc Palm Coast Fl 32137			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>me of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

· ·

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	Bryle Bush	11 BlakePort Lane	dd
		41 BlakePort Lane Palm Coast F1 32137	Remove
			Change
			Add 1
			C Remove
			O Add
			🛛 Remove
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<u></u>			O Add
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			🛛 Remove
			🗅 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ange 1 C  $(\mathcal{O}$ Fencing LLC me

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 23rd Signature of a member or authorized representative of a member uSI 22 Typed or printed name of signee

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Filing Fee: \$25.00