<u>LIBCOO 230 853</u>

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

TO: Registration Section
Division of Corporations

BLUE LINE FENCING LLC

SUBJECT:	E PENCING ELC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
riease feturii an correspo	ondence concerning this matter	to the following.	
	SHAVON A BUNBURY-	RAMDEEN	
		Name of Person	
	BLUE LINE FENCING LI	LC	
		Firm/Company	
	3710 DOCKSIDE DR		
		Address	
	KISIMMEE, FL 34746		
	BlueLineFencingFL@gmail	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
SHAVON A BUNBUR'	Y-RAMDEEN	407 449-7564	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

BLUE LINE FENCING LLC

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

(A Librida E	inited Elabinty Company)	正 、
The Articles of Organization for this Limited Liability Cor Florida document number L18000230853	mpany were filed on 09/28/2018	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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>	<u>Name</u>	Address	Type of Action
MGR	SHAVON A BUNBURY-RAMDEEN	3710 DOCKSIDE DR, KISSIMMEE, FL 34746	Add
			☐ Remove
			☐ Change
			E Add
			□ Remove
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			☐ Remove
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			□ Change

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Note: If the date inserted in	an the date of filing: late must be specific and cannot be prior to date this block does not meet the applicable stant the Department of State's records.	(optiona of filing or more than 90 days after filin atutory filing requirements, this dat	g.) Pursuant to 605.0207 (3)
the record specifies a do b) The 90th day after th	elayed effective date, but not an e ne record is filed.	effective time, at 12:01 a.m	. on the earlier of:
Dated	2018		
	. 0	\mathcal{O}_{A}	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00