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

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SUBJECT:		ence Solutions		
SOBJECT.	· 	Name of Lim	aited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Yosbiel Colina		
			Name of Person	<u>.</u>
		Motor & Fence Solutions		
		- 14-3 E1F - 17-	Firm/Company	
		4555 Nw 4 Terrace		
			Address	
		Miami FL 33126		
		motorfencesolutions@gmai	City/State and Zip Code I.com	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	all:	
Asiarys Gar	rcia		305 917-5699	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 i	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

Motor & Fence Solutions		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on October 23, 2018	and assigned
Florida document number 1.18000248765		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		·•
		,
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5
		<u></u>
 If amending the registered agent and/or registered agent and/or the new registered office address. 	ered office address on our records, ess here:	
Name of New Registered Agent:		
round of frew registered Agent.		
New Registered Office Address:	F., F. 11	····
	Enter Florida street address	
	, Flori	
	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	Asiarys Garcia	4555 Nw 4 Terrace Miami Fl 33126	
			Add
			□ Change
			Add
			· : Remove
		☐ Remove	
			□ Change
			□ श्र्यंव
		-	Remove
			Change
			□ Remove
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			☐ Remove
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			□ Change

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ctive date, if other than the date of f effective date is listed, the date must be specific	iling:		_ (optional)
e: If the date inserted in this block does n	ot meet the applicable	ate of filing or more than 90 c statutory filing requireme	lays after filing.) Pursuant to 605.0 ents, this date will not be listed
iment's effective date on the Department	of State's records.	,	
		.	
ecord specifies a delayed effective ne 90th day after the record is fil	ed.	n effective time, at 1	2:01 a.m. on the earlier
d <u>12/04/2018</u>	\wedge	Λ	
<u> </u>	<u> </u>		

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Typed or printed name of signee

Filing Fee: \$25.00