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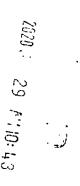
(R	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: Fnglewood Fencing 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:
Robert Hilbert Name of Person
Englewood Fencing LLC
12424 Birtle Ave. Address
Port Charlotte, FL 33981 City/State and Zip Code
englewood function amus general communication)
For further information concerning this matter, please call;
Robert Hilbert a. (941) 218-3356
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:

TO: Registration Section

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

(Name of the Limited Liab (A Flori	ility Company as it not appears of	n our records.)
The Articles of Organization for this Limited Liability Florida document number LISOCOASIS	Company were filed on	re filed on Dec. 7th, DOIS and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	:
The new name must be distinguishable and contain the words "Li	imited Liability Company." the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		, Florida
	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 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>	Name	Address	Type of Action
MGR	Wendy Wendel	12424 Birtle AVE Port charlotte, FL 33981	XAdd
	·	<u> </u>	□Remove
			DChange
MGR	DarielHunt	13324 Harney Ave Part Charlottel, FL 3398	□Add 
			Kemove
		<del>-</del>	□Change
MGR	Daniel W. Stickley	515 Paul Morris Drive Englewood, FL 34223	<b>½</b> CAdd
		<del></del>	ElRemove
			Change
Mar	Kristin D. Stickley	515 Paul Morris Drive Englewood, FL 34223	Æ∆dd
			□Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			□Change

	<del></del>	
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effectiv t <u>e:</u> If t	date, if other than the date of filing:	
ord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ed	Jan. 15th, 2020.	
	Signature of a member or authorized representative of a member	
	a short Hill out	