L19000007024

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U2/28/19--U1009--U3U **25.0U



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COVER LETTER

Division of Co					
LANDON SUBJECT:	FENCING LLC				
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	WALLACE BOATRIGH	r			
		Name of Person	_		
	_				
4913 MCCALL LN					
		Address		7019 1266	
	PANAMA CITY, FL 3240)4		2019 FEB 28 SECRETARY IALLAHASS	APP T
		City/State and Zip Code		28 PM	ROV
	E-mail address: (to be used for future annual report not	ification)	F ST) En
For further information of	concerning this matter, please ca	all:		3: 11 STATE FLODIS	
WALLACE BOATRIG	HT	912 288-3136		•	
Name o	of Person	Area Code Daytin	ie Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
MAII	INC ADDRESS:	STREET/COUR	IFR ADDRESS:		

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

LANDON FENCING LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000007024</u>	pany were filed on 01/04/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u>s</u>
Enter new mailing address, if applicable:	19 FEB 28
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the neshere:
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 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			
AMBR	WALLACE C BOATRIGHT	4913 MCCALL LN				
		DANIANA CUTY DE 22101				
		PANAMA CITY FL. 32404	≅ Remove			
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			□ Remove			
			2019 FEB 28 PA'S: 1			
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Note: If	the date in:	ther than the sted, the date mus serted in this ble e date on the D	ock does not	meet the ap	plicable stat	i filing or more utory filing re	(op than 90 days aft quirements, th	tional) er filing.) Pursua nis date will not	nt to 605 t be liste	.0207 (3) ed as the
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Dated	24	FEB Waller		. 201	9					
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Typed or printed name of signee

Filing Fee: \$25.00