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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: Affordable Fencing LUC Name of Limited Liability Company	
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	cturn all correspondence concerning this matter to the following:	
	Robert Coleman	
	Name of Person	
	Firm/Company	
	9800-2 Beach Blvd.	
	Address	
	Jacksonville FL 32244	
	Jack Son Ville FL 32244 City/State and Zip Code Saks Doffordable ff nce Center: Com E-mail address: (to be used for future annual report notification)	
	her information concerning this matter, please call:	
Ro	hert Coleman at 544 508 - 8666 Name of Person Area Code Daytime Telephone Number	Mmto tvi 9am-spm
Enclose	d is a check for the following amount:	
X \$25	(additional copy is enclosed) Certified	te of Status &

Mailing Address:
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

AFFORDABLE FENCI	NG LICE	
(Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company v Florida document number $L - 190\ 0005465.7$	were filed on	⁴ 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Beach Blvd. cksonville FL. 72241
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box Jacksoni	54646 11/17 FL. 32246
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🖸 Add
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			□Change
			□Add

□Remove

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ffectiv	re date, if other than the date of filing:	1207
	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	d as i
locume	nt's effective date on the Department of State's records.	
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
d is file	:d.	
Dated _	,	
	Signature of a member or authorized representative of a member Los A Typed or printed name of signee	
	Signature of a member or authorized representative of a member Out of the state of a member of a memb	

Filing Fee: \$25.00