

8/30/2020

20000069823

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H20000301359 3)))



H200003013593ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALC CONSULTING SERVICES INC

Account Number : 120200000139

Phone : (407)362-8056

Fax Number : (407)386-6503

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alcconsulting01@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B&E UNITED FENCE LLC**

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V. SULLIVER

SEP 02 2020

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTERFAX AUDIT NUMBER:
H200003013593TO: Registration Section
Division of CorporationsSUBJECT: B&E UNITED FENCE 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:

LORENA C RIOS

Name of Person

ALC CONSULTING SERVICES INC

Firm/Company

10907 MOSS PARK RD UNIT 1027

Address

ORLANDO, FL 32832

City/State and Zip Code

ALCCONSULTING01@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA C RIOS

407

362-8056

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303FAX AUDIT NUMBER:
H200003013593

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT NUMBER:
H200003013593

B&E UNITED FENCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/03/2020 and assigned
Florida document number L20000069823

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

FAX AUDIT NUMBER:
H200003013593

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

FAX AUDIT NUMBER:
H200003013593

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EFREN LOYOLA	27627 LOIS DRIVE	<input type="checkbox"/> Add
		TAVARES, FL 32778	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FAX AUDIT NUMBER:
H200003013593

FAX AUDIT NUMBER:
H200003013593

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(Indicate date of filing or more than 90 days after filing)

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b) this table does not contain the applicable statutory filing requirements, this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated August 30 2020

Frans Luyckx

Signature of a member or authorized representative of a member:

EFREN LOYOLA

Typed or printed name of signer

FAX AUDIT NUMBER:
H200003013593

Filing Fee: \$25.00