## L20000144027

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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## **COVER LETTER**

Tallahassee, FL 32314

	Division of Co			. · · ·
SUD IEC		nd Son Fencing Company Lt	.C	
SUBJEC	1:	Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Pam Myers		
			Name of Person	
		Pam Myers Tax Service		
			Firm/Company	
		1691 Main Street Suite	3	•
			Address	· · · · · · · · · · · · · · · · · · ·
		Chipley, FL 32428		•
		_	City/State and Zip Code	
		josephdpamela@bellsou		
r r 1			to be used for future annual report not	ification) <u>s</u>
		concerning this matter, please c		
Pam My	ers		850 6764373 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adams And Son Fencing Company LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	lompany as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Conorida document number L20000144027	npany were filed on May 27 2020	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
dam And Sons Fencing Company LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		3 
Principal office address MUST BE A STREET ADDRES	<u> </u>	<del>-</del>
		,
		·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u>,,,,, , , , , , , , , , , , , , , , , </u>
	, Flori	ida
	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
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
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Filing Fee: \$25.00