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	(Requestor's Name)	
,	(Address)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	-
	(Document Number)	
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RECEIVEE

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	Bold Civ Fe	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Terry	Batts Name of Person	
		Firm/Company	
	7643 G	ate Riskway Ste 1	'04 3
	Jacksonuille	E. Florida 32256 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all;	·
Terry But	<u> </u>	at (<u>974</u>) 606 -	- 4300
:Name 0	i retson	Alea Code Dayiii	ie Telephone (vunioe)
Enclosed is a check for the	ne following amount:		
S25.00 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)
<u>Mailing Addres</u> Registration S		Street Address:	etion
Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of T	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bold Ciy Fe	iability Company as it now appears on lorida Limited Liability Company)	our records.)
(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L 2060627</u>		2/2020 and assigned
This amendment is submitted to amend the followin	ß:	
A. If amending name, enter the new name of the Bold City Fence LI The new name must be distinguishable and contain the words	1 (nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE <u>A STREET A</u>	DDRESS)	•••
		7.0 51
Enter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco ere:	rds, enter the name of the new registered
N. C. D. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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
•			□ Add
			□Remove
			□Change
			□ Add
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ective date, if other than deffective date is listed, the date te: If the date inserted in the nument's effective date on the	is block does not	meet the applical	o date of filing or mor ble statutory filing	(option re than 90 days after fi requirements, this o	nal) ling.) Pursuant to 605.0 date will not be listed
cord specifies a delayed eff s filed.	ective date, but no	et an effective tim	ne, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after t
	<b>\</b> ,	2023	_•		
ed August 11	<b>\-</b>				
ted August 1	Signature of a	member or a thor	ized representative o	f a member	

Filing Fee: \$25.00