L20000334213

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COVER LETTER

SUBJECT: ALPHA	FENCUIS LLC			
3000001. <u>_/ 104 1111</u>	Name of Limit	ed Liability Company		
The enclosed Articles of	the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following:			
Please return all correspo	LHARTY DAVIS Name of Person ALPHA FENCING LLC Firm/Company 3028 SHEPARD RD #142 Address MUBERRY, FL 33860 City/State and Zip Code ADMIN O ALPHAFENCING FL. COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:			
		HARITY DAVIS		
	ALPH	Firm/Company		
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: CHARTY DAVIS Name of Person ALPHA FESICING UC Firm/Company 3028 SHEARD RD #1/42 Address MUSERRY FL 33860 City/State and Zip Code ADMIN O RUMFERCUSFL. COM E-mail address (to be used for future annual report notification) formation concerning this matter, please call: APRIL 23863 Area Code Daytime Telephone Number check for the following amount: illing Fee \$\Begin{array} \$50.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed)			
		ALPHA FENCING LLC Firm/Company ACREATY DAVIS Name of Person ALPHA FENCING LLC Firm/Company 2028 SHEARD RD #142 Address MUSERRY FL 33860 City/State and Zip Code Almin O American States (to be used for future annual report notification) ming this matter, please call: 2028 Area Code Area Code Daytime Telephone Number Street Address: Street Address: Street Address:		
For further information c			cation)	9
Name o	DAVIS f Person	at (<u>863</u>) <u>670</u> Area Code Daytime	- 9770 Telephone Number	(3) H
Enclosed is a check for th	ne following amount:			
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres Registration S			tion	
5		District a Comm		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

20.00% (8 M. C. O)

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number <u>L2.0000334213</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records.	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 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
MGR	DANE ROTH BELL	465 OAK LANDING BLVD	
		MULBERRY, FL 33860	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

-	
	date, if other than the date of filing: $\frac{10/21/20}{20}$ (optional)
lective	we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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Filing Fee: \$25.00