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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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(Bu	siness Entity Name;	
		
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor					
	HINCING & DUNE PRESER	RVATION SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company			
	According to the substance of the substance concerning this matter				
	BRANDON PIPKIN				
		Name of Person			
	SUPREME FENCING & U	DUNE PRESERVATION SERVICES	tttc		
	· ————————————————————————————————————	Firm/Company			
	15073 HWY 89				
		Address			
	JAY, FL 32565				
		City/State and Zip Code			
	E-mail address: (1	to be used for future annual report notifica	ation) 23		
For further information c	oncrining this matter, please ed	all:	1021 JET1-9		
Name o	E forces	at ()	elephone Number		
Enclosed is a check for the	ne following amount:		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
■ \$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)		
<u>Mailing Addres</u> Registration :		Street Address: Registration Secti	on		

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPREME FENCING & DUNE PRESERVATION SERVICES 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 $\frac{02/04/2021}{2}$ and assigned Florida document number 1.21000062400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1652 DYKESTOWN RD Enter new principal offices address, if applicable: JAY, FL 32565 (Principal office address MUST BE A STREET ADDRESS) 1652 DYKESTOWN RD Enter new mailing address, if applicable: JAY, FL 32565 (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: New Registered Office Address: Enter Florida street address

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.

City

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
MGRM BRANDON PIPKIN		15073 HWY 89	□Add
		JAY, FL 32565	Remove
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cord specifies a delayed effective	e date, but not a	an effective tir	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90th d	ay after th
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APRIL 23		2021					
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Filing Fee: \$25.00