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ACTION OF CLIMA

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COVER LETTER

	tration Section of Corp				
		COASTAL FENCE LLC			
SUBJECT: _		Name of Limit	ed Liability Company		
The enclosed .	Articles of A	amendment and fee(s) are subn	nitted for filing.		
		dence concerning this matter t			
		JAMES I MATTHEWS			
	Name of Person				
		FLORIDA COASTAL FE	NCE LLC		
Fitm/Company					
74 RUBY CIRCLE					
Address					
MARY ESTHER, FL 32569					
			City/State and Zip C	ode	
		james.matthews1012@yaho	oo.com	The land of the state of the st	sations
			to be used for future an	muai report nocito	caunty
For further in	formation co	oncerning this matter, please co	ail:		
JAMES J MA	ATTHEWS		850 _ at (582-3335)	
	Name of	Person	Area Code	Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:			
≡ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy),	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres			et Address:	tion
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.C). Box 632	27		e Centre of T	
Tal	lahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Company as it now appears on our records.) mited Liability Company)	
(A Fionda Lii	inted Liamity Company)	
The Articles of Organization for this Limited Liability Con-	ipany were filed on 02/08/2021	and assigned
Florida document number 1.21000066801		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
FLORIDA COASTAL FENCE LLC		
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:		
Principal office address MUST BE A STREET ADDRES	S.S)	
		•
Enter new mailing address, if applicable:		
••		
Mailing address MAY BE A POST OFFICE BON		
••		
Mailing address MAY BE A POST OFFICE BON	ffice address on our records, enter the na	me of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered o	ffice address on our records, enter the nar	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered o	ffice address on our records, <u>enter the na</u>	
Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o	ffice address on our records, enter the nai	me of the new regis
Mailing address MAY BE A POST OFFICE BON B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the nat	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		me of the new regis

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

Title	<u>Name</u>	Address	Type of Action
Manager	JAMES J MATTHEWS	74 RUBY CIRCLE	= Add
		MARY ESTHER, FL 32569	□Remove
			□Change
			□Add
			Remove
			□Add
			Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			☐ Change

). If amending any other infor	nation, enter change(s) here : (Attach add	ditional sheets, if neces.	sary.)
		<u>.</u>		
	.			
				
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the a	applicable statutory f	(option or more than 90 days after til iling requirements, this d	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
he record specifies a delayed effectord is filed.	tive date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
Dated 03/03	2021			
	Matte			
	Signature of a member of	r authorized representa	tive of a member	
JAMES J MATTHE	VS			
	Typed or	r printed name of signe	e	

Filing Fee: \$25.00