## L21000075454

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## **COVER LETTER**

то:		tration Sec ion of Corp		• •			
SUD IE		op Strand F	encing Co.				
SUBJE	U1: _		Name of Limi	ted Liability Company		<del></del>	
The encl	losed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	etum a	ll correspon	dence concerning this matter	to the following:			
			Christopher Coscia Jr.				
				Name of Person			
			Top Strand Fencing Co.				
				Firm/Company			
			2217 Wells	ia.			
			Auburndale	Address  FU 33803	3		
			topstyaydte E-mail address: (1	City/State and Zip Code  O M M M  o be used for future annual re	N- COM port notification)	<del></del>	
For furth	ner inf	ormation co	ncerning this matter, please ca	ill:			
<u>Kris</u>	otin	Name of	DWSKI Person	at ( <u>\$103</u> )	Daytime Telephone Nur	mber	
Enclosed	d is a c	check for the	: following amount:				
<b>■ \$</b> 25	.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi sed) Certi	O Filing Fec, ficate of Status & fied Copy ional copy is enclosed)	G
	Regi Divi P.O.	ng Address: stration Sosion of Co Box 6327 shassee, F	ection orporations	Division The Cent 2415 N. I	Iress: ion Section of Corporations re of Tallahassee Monroe Street, Suitsee, FL 32303	1149 22 A 89 41 te 810 41	רן דו

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Strand Fencing Co.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000075454	y were filed on 2/15/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	2217 Wells Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Auburndale, FL 33823	)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2217 Wells Rd. AUDUINDALE IFL 33823 address on our records, enter the name of	the new registered
Name of New Registered Agent:		Q <sub>\D</sub>
New Registered Office Address:	Enter Florida street address	7021 HAR
<del></del>	, Florida	Zip Code —
New Registered Agent's Signature, if changing Registered Agent:		3 A E
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if to	ili <mark>us</mark> with and his document is

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
Manager	Christopher Coscia Jr.	802 Country Way, Winter Haven, FL 33881	<b>=</b> Add
			□ Remove
			□Change
Manager	Jetfrey Jackson	2217 Wells Rd. Auburndale, FL 33823	<b>=</b> Add
			□Remove
			□Change
<del></del>			□Add
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