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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: MEREC	DITH FENCE C	OMPANY LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Steven Mer	Name of Person Ence Company Firm Company	LLC	
		Address		
	Pensacola	FLorida 37 City/State and Zip Code	2505	
	100 - 171 G	6 - 1		20
For further information c	oncerning this matter, please co	all:		21 DEC
Sleven Mevedi Name o	th f Person	all: at (850) 439 - 4 Area Code Daytin	1499 Telephone Number	16 AHIO
Enclosed is a check for th	ne following amount:		7-1 1-1 1	<u> </u>
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of S Certified Copy radditional copy is	ee. Hatus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

BOOK AND THE STATE OF THE STATE

The Articles of Organization for this Limited Liability Company were filed on March Florida document number L2 1000 | 2520 | 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 , Florida

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.

Circ

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>	Name	Address	Type of Action
AMBR	McClay, Kimberly	4462 Glysee way	⊆Add
	- 1	1462 Ellysee way Pensacola FL 32505	ZRemove
			DChange
		·	
			URemove
			Change
			13Add
			∐Remove
			Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			\Add
			□Remove
			UChange
			=
			Remove

(If an et <u>Note:</u>	date, if other than the date of filing:
the reco	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 14 2021

Filing Fee: \$25.00

Typed or printed name of signee