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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		A FENCE LLC	·	·
30 bar.	СТ: <u></u>	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		FELIX ORELLANA		
			Name of Person	
			Firm/Company	- .
		1901 6TH AVE E		
			Address	
		BRADENTON, FL 34208		
			City/State and Zip Code	
		ORELLANAFENCESV@0	GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ier information co	oncerning this matter, please c	all:	
			941 301 5174	
	Name of	i Person	at () Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$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)
	Mailing Address Registration S		<u>Street Address:</u> Registration Sec	tion

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

ORELLANA FENCE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/25/2021	and assigned
Florida document number L21000243135		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AXEL FENCE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "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, <u>enter the nam</u>	e of the new register
agent and/or the new registered office address here:		15
)= }=
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street aaaress	-
	, Florida	Zip Codé
	City	Zip Codé

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 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
			□Remove
			Change
			□Change
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date meter. If the date inserted in this becament's effective date on the I	MOCK GOES HOLDIN	ест ше аррисав	date of filing or releast	(0 nore than 90 days a ng requirements,	ptional) ifter filing.) Pursua this date will no	nt to 605.020° t be listed as
cord specifies a delayed effecti s filed.	ve date, but not a	in effective tim	c, at 12:01 a.m.	on the earlier of	(b) The 90th c	lay after the
ed	,	2021	. •			
	1419	·				
	MAW.	ار،				
	Signature of a me	ember or authori.	zed representative	of a member		

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