## L21000427089

(Red	questor's Name)	
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T. MATTHEWS

JAN 2 1 2022

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	
We Do Fen	icing 2 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jaimi Wernette		
		Name of Person	
	We Do Fencing 2 LLC		
		Firm/Company	
	5713 23rd Street		
		Address	
	Zephyrhills, FL 33542		
	·	City/State and Zip Code	
	info@wedofencing2.com		
	E-mail address; (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jaimi Wernette		832 803-8012 at ( )	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>	<u>ss:</u>	Street Address:	
Registration Section		Registration Section	
Division of C	<del>-</del>	Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22.5 14 13:23 We Do Fencing 2 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  $\frac{09/29/2021}{2}$ \_\_\_\_\_ and assigned Florida document number L21000427089 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.

City

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>	<u>Name</u>	Address	Type of Action
AMBR	Trace Cole Wernette	5713 23rd Street	<b>≡</b> Add
		Zephyrhills, FL 33542	□Remove
			Change
			□Add
		□ Remove	
		□ Change	
		□Add	
		□Remove	
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		□Change	
	<del></del>	□Add	
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			□Change

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an ef lote:	ive date, if other than the date of filing:
recor I is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	January 12. 2022.
	Signature of a thember or authorized representative of a member

Typed or printed name of signee