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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		A	٠,		
SUBJECT: Fence Design	gn, LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JorgeE, Blanco, Esq.				
		Name of Person			
	Jorge E. Blanco, PA				
		Firm/Company		္ 2	
	782 NW 42 Avenue, Suite	634		022 J	COpp.
		Address	 .	A. A	
	Miami, Florida 33126			2022 JAN 24 PM 3: 19 SECRETAIN OF STATE TALLAMASSEE, FL	
		City/State and Zip Code		E S	5
	jblanco@jorgeblancolaw.co E-mail address: (om to be used for future annual report noti	lication)	9: 19	
For further information c	oncerning this matter, please ca	all:			
Yami Perez		at (305) 444-0044			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addre		Street Address:			
Registration Division of 0		Registration Se Division of Co			
P.O. Box 631		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fence Design, LLC		 ,	-
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	thy as it now appears on or Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000490226</u>	were filed on 11/16/20	21	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 designat	ion "LLC" or the abbre	Mation BLL.C."
Enter new principal offices address, if applicable:		—————————————————————————————————————	22
(Principal office address MUST BE A STREET ADDRESS)		AA AH	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ASSEE, FI	بر ا ا ا ا
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida stre	vet address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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
			□Add
			[]Remove
			□ Change
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			AHAN AHAN AHAN AHAN AHAN AHAN AHAN AHAN
			SEORETANIS OF STATE SHORT AND OF STATE Change
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ctive date, if other than the date of filing: 11/16/2021 effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605,0207 requirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a filed.	the earlier of: (b) The 90th day after the
ed January 5 . 2022	
Signature of a member or authorized representative of	A

Filing Fee: \$25.00