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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	





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COVER LETTER

TO: Re Di	gistration Sec vision of Corp	tion porations		
		Land and Fencing LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Mike Dewey		
			Name of Person	
			Firm/Company	
		3019 SE Lime Tree Trail		
			Address	
		Stuart, FL 34997		
			City/State and Zip Code	
		newimageland@icloud.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Mike Dewo	ey		772 341-3020 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	c 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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Image Land and Fencing LLC			_
(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 5/17/2022	and	assigned
Florida document number L22000230138			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
MJD Fencing LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	n "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)	7.6	ชี23
Trincipus office was con 12 00 / 2 = 12		100 v	SEP
		50.	28
		ω. 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>5. · .</u>
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the	e new registe
Name of New Registered Agent:			
New Registered Office Address:	C . C . 1	t aldress	
	Enter Florida stree	i aaaress	
		, Florida Zip (ada.
	City	гар С	.oue

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
			□Abd
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			Change
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ective date, if other than the date o	f filina:	(options	al)
effective date is listed, the date must be spec	cific and cannot be prior to date of filin	g or more than 90 days after fili	ng.) Pursuant to 605.020
e: If the date inserted in this block document's effective date on the Department		y ming requirements, this da	ite will not be fisted a
cord specifies a delayed effective date, is filed.	but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
i incu.			
September 23	2023		