

L22000514178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

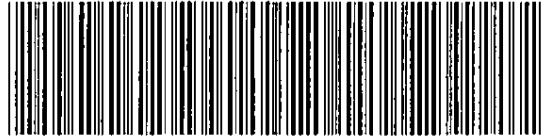
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2023 JUL -6 PM 6:11

S. FRANKLIN

AUG 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good fences LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Timmons

Name of Person

Good fences LLC

Firm/Company

43592 Beaver Creek Ter

Address

Leesburg VA 20176

City/State and Zip Code

1484130 yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Timmons

Name of Person

at (703)

Area Code

927-2264

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

GoodFences LLC

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Chris Parsons</u>	<u>4847 N. Winthrop Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 2S</u>	<input type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leap Frog Holdings LLC</u>	<u>4847 N. Winthrop Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 2S</u>	<input type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Doris M Lin</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
		<u>Apt 2S</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Darwin O De Leon</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
	<u>Estrada</u>	<u>Apt 2S</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Venkata S.</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
	<u>Gadipudi</u>	<u>Apt 2S</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Rashid A Hashmi</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
		<u>Apt 2S</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Michael L. Timmons</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
		<u>Apt 25</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u>Mgr</u>	<u>Kathleen Timmons</u>	<u>4847 N. Winthrop Ave</u>	<input type="checkbox"/> Add
		<u>Apt 25</u>	<input checked="" type="checkbox"/> Remove
		<u>Chicago IL 60640 US</u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023-06-11

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 3, 2023.

Kathleen Timmons
Signature of a member or authorized representative of a member

Kathleen Timmons
Typed or printed name of signee