L22000514178

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900411497349

07/06/23--01016--013 **60.00

2023 (1. -6 PH C: []

S. FOUNDAM 703 14 223

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Good Fence	S L-L-C ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	dence concerning this matter t	o the following:	
	14041	Pen TIMMUNS Name of Person	
	<u>600d</u>	Firm/Company	
	43592 B	OCAVER CREK	Ter
	Leesbur	9 VA 2017 City/State and Zip Code	6
		YCh CO. Com o be used for future annual report notif	
For further information co	neerning this matter, please ca	II:	
KCHN140 Name of	n Timmons Person	at (<u>703</u>) <u>C 27</u> - Area Code Daytime	· ZZ&Y
Enclosed is a check for the	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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Goodferces LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
ne Articles of Organization for this Limited Liability Company were filed on orida document number \(\textstyle \frac{22000514178}{}. \)	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company her	<u>re</u> :
e new name must be distinguishable and contain the words "Limited Liability Company." the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	Ç
	P
nter new mailing address, if applicable:	.
If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent:	cords, <u>enter the name of the new regis</u>
New Registered Office Address:	
New Registered Office Address. Enter Flori	da street address
Enter Flori	da street address , Florida

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 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>	Name	Address	Type of Action
MER	Chris Parsons	4847 NIVIOTHOUP AVE	`XIAdd
		AF+ 25	□Remove
		Chicago IL 60640 LI	<u>S</u> □Change
FMER	Leap Frig Holdings LLC	- 4847 yum-throp ave	∭Add
		API 25	□ Remove
		Chicago IL 60640 U	S □ Change
MGR	DOGS M LIA	4847-N.W.M mrop Ave	□ Add
		AA 25	
		chicago Illaboyal	<u> </u>
MGC	Darwin Obeleun	4847 N. Winthrop five	□Add
	estrada	API 25	Remove
		Chicago IL 1006481	<u>{</u> S □Change
MGR		4847 N. Winthrop Ave	□Add
	Gadipudi	APT 2S	
		Chicago IL 60640 C	□Change
Mar	Rashid X Hashm	1 4647 N. W. MM10P AL	<u> </u> C_□Add
		AH 25	
		Chicago IL 60640	

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
Mar	Michael L. TIMMONS	4847 N. Winthrop Ave	_ □Add
_		Apt 25	_ Chremove
		Chicago IL GOB40 US	_ Change
Mgr	Kathleen Timmons	4847 N.Winthrop Ave	_ 🗆 Add
		API 25	_ Kemove
		Chicago IL 60640 U.	∑ □Change
			_ □Add
			□Remove
			_ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□ Change

				···				·	<u>.</u>
	·		- <u> </u>						
						· · · · · · · · · · · · · · · · · · ·		<u>.</u>	
			 						
					<u> </u>		·	202	
					13.0		<u></u>		-
			<u>.</u>	.			 	, i	<u>. </u>
									بر ار
									<u>क</u>
								•	
									
									
		-							
			<u> </u>						
			 -					<u></u>	
an effect ote: If	e date, if other tive date is listed, to the date inserted this effective date	he date must be sp I in this block de	secific and co	annot be prior et the applic	to date of filin able statutor	g or more than y filing requir	(option 90 days after frements, this	ling.) Pursuant to	o 605.020 e listed a
record s I is filed	specifies a delay I.	ed effective date	e, but not a	n effective ti	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after th
ated	July	3 // Signa	,	<u> 2073</u> :					
		1 /		/					