## Florida Department of Star

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC

Account Number : I20220000154 : (323)453-5446 Fax Number : (407)350-5660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: YUREGARCIAZAG @ GLAIL COLL

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FENCE BY MISAEL LLC

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## COVER LETTER

TO: F	Registration Division of C	Section orporations	•	•,
SUBJECT	FENCE I	BY MISAEL LLC		•
42026	··	Name of L	miled Liability Company	
The enclos	ed Anicles o	of Amendment and fee(s) are st	ibmitted for filing.	
		YUREMA GARCIA GA	RCIA	
			Name of Person	
		REBY MISAEL LLC  Name of Limited Liability Company  Per of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  YUREMA GARCIA GARCIA  Name of Person  318 N JOHN YOUNG PKWY STE 6  Firm/Company  318 N JOHN YOUNG PKWY STE 6  Address  KISSIMMEE, FL 34746  City/State and Zip Code  YUREGARCIA296@GMAIL.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  GARCIA  at (  Area Code   Daytime Telephane Number    on the following amount:  Street Address:  Certificate of Status  Certificate Copy (additional copy is enclosed)  Fess:  Registration Section Division of Corporations  The Centre of Claibabase e		
			are submitted for filing.  It a GARCIA  Name of Person  ING PKWY STE 6  Firm/Company  NG PKWY STE 6  Address  S4746  City/State and Zip Code  @GMAIL.COM  Idress: (to be used for future annual report notification)  Idease call:  at (407	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  YUREMA GARCIA GARCIA  Name of Person  318 N JOHN YOUNG PKWY STE 6  Firm/Company  318 N JOHN YOUNG PKWY STE 6  Address  KISSIMMEE, FL 34746  City/State and Zip Code  YUREGARCIA296@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YUREMA GARCIA GARCIA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Street Address:  Mailing Fee  Mailing Fee  Mailing Address:  Street Address:				
			Address	
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		YUREGARCIA296@GM	AIL.COM	
		E-mail address:	(to be used for future annual report	notification)
For further	information (	concerning this matter, please o	ell:	
YUREMA			407 692-318	4
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for t	he following amount:		
<b>\$</b> \$25.00 J	Filing Fce		Certified Copy	Certificate of Status & Certified Copy
	D. Box 632			
	lahassee, I			of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENCE BY MISAEL LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company		and assisted
Florida document number L23000056625		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 designation "LLC" or the	phraviation "L. I. C."
Enter new principal offices address, if applicable:	2628 EAGLE CANYON DR. N.	iooseviation (s.tts.
(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 a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered
		<b>023</b>
Name of New Registered Agent:		
New Registered Office Address:		32. 3
	Enter Florida street address	- PH D
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	5.0	Zip Code N

tered 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>	<u>Name</u>	Address	Type of Action
AMBR	GARCIA GARCIA, MISAEL	2628 EAGLE CANYON DR. N.	<b></b>
		KISSIMMEE, FL 34746	UAdd
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Efficient and a second		JULY 29,	2023				
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble	he specific and a	cannot be prior	n des a CCI		(option		
Note: If the date inserted in this blo document's effective date on the De			ble statutor	g or more than y filing requir	90 days after fi ements, this t	ling ) Pursuant to late will not be	> 605.0207 : listed as
e record specifies a delayed effective rd is filed.	date, but not a	an effective tin	ne, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
DatedJULY 29		2023					
	······································		_ ·				

Filing Fee: \$25.00

Typed or printed name of signer