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COVER LETTER

Division of Corp	orations		
suвјест: <u>De P</u> o	artment C Name of Limi	of the fence	LLC
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Frank	Grezaff Name of Person	<u> </u>
•	677 L	Firm/Company amoka Ct Address	
For further information		Address Spring > FL City/State and Ap Code OT - Fence o be used for future annual report notif	COM fication)
	recerning this matter, please ca	at (321) 5072 Area Code Daytime	2261 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:

TO:

Registration Section

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

Department of (Name of the Limited Liability (A Florida I	the Fence LLC				
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{3/01/2073}{4.000000000000000000000000000000000000$					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)				
	2023				
	- 1028 HA				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	· 프롤 프				
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 new registered				
agent and/or the new registered office address here.					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zin Code				

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 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>	Type of Action
AMBR	Frank Grezaffi	677 Lamoka Ct, Winter springs,	FL 32708 _BAdd
			□Remove
			□Change
AMBR_	Paul Jacob W Donaldson	2342 Treymore Dr, orlando FL	32825 _≌Add
			_ 🗆 Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			_ □Remove
			_ Change
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			_ 🗆 Remove
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Note: It	e date, if other than the date of filing: (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/17/2023
	Signature of a member or authorized representative of a member Frank Grezaff
	organication of authorized representative of a fiethber
	-)

Filing Fee: \$25.00