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COVER LETTER

TO: Registration So Division of Co			<i>*</i> *		
CUBICOT	G PROS FENCING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Galina Boles				
		Name of Person			
		Firm/Company			
	512 St Croix St				
		Address			
	Saint Augustine FL 32095				
	privacyfencingfp@gmail.co				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report a	outication)		
Tamas Kardos		904' 9070040			
Name o	f Person	at () Area Code Day	time Telephone Number		
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINISHING PROS FENCING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flo	orida Limited Liability Company)	 ,
The Articles of Organization for this Limited Liabilit Florida document number L23000139266	y Company were filed on 03/20/20	23 and assigned
This amendment is submitted to amend the following	z :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		- •1
	Enter Florida street address	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	·	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance of my d d agent as provided for in Chapt tered office address, I hereby coi	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
MGR	Galina Boles	512 St. Coix St Saint Augutsine FL 32095	□Add
			=Remove
			□Change
MGR	Tamas Kardos	3305 14th St Elkton FL 32033	≣Add
			Remove
			[] Change
			□Remove
			□Change
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n effective date is listed, the date material the date in this better the date inserted in this better the date in	ist be specific and cannot lock does not meet th	t be prior to date of filir e applicable statutor	ig or more than 90 days a y filing requirements.	fter filing.) Pursuant to 60 this date will not be lis	5.02 ted
cument's effective date on the I	Department of State's	records.	, 3 ,		
ecord specifies a delayed effecti is filed.	ve date, but not an eff	ective time, at 12:01	a.m. on the earlier of	(b) The 90th day after	er tl
April 25	202	4			
_	M.	·			
	//	r or authorized represe	atative of a mamber		
·	/ Signature of a member	or authorized represe	mative of a member		