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SECRETARY UN STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIR Fence	110
	Limited Liability Company
	•
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
_ Dylar	Sooner Name of Person
<u>D21</u>	2 Fence UC Firm/Company
2538	Oneida Rd
<u>Ven</u>	ice FL
<u>dylan</u>	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, plea	se call:
Dylan Spooner Name of Person	at (941) S99-1316 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dar Fence	UC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $04/13/2023$ and assigned
Florida document number <u>LA3000 1838 to 7</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SX .
	SSER SSER
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amonding the registered agent and/or registered office a	ddagg on our records onton the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	daress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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
AR	Rylee Faet+	2538 Oncida Rd	□Add
γ (Rylee Fact+ Rylu Fact+	Venice FL 34293	XRemove
A		□Change	
			□Add
			□Remove
			□Change
		□Remove	
			□Change
			□Add
		Remove	
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			Change

effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (I filed.	
etive date, if other than the date of filing:	
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$\frac{06/30/2023}{0000000000000000000000000000000000$	
06/30/2023	b) The 90th day after the
$\Omega \setminus A = A$	
dignature of a member or authorized representative of a member	
Dylan Spooner Typed or printed name of signee	

Filing Fee: \$25.00