

L23 060258142

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

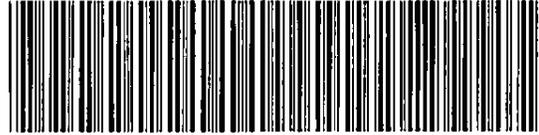
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700406661447

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A handwritten signature in black ink, consisting of a large, stylized 'd' followed by a horizontal stroke.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: BAY TO BAY FENCING LLC  
Ref. Number: L23000258142

We have received your document for BAY TO BAY FENCING LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing zip code for authorized person listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 623A00016754

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL 26 PM 1: 35

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: [Signature] :

Bay To Bay Fencing LLC L23000258142

BUSINESS NAME DOCUMENT #

- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability**
- Domestication
- Other
- CORP
- LLLP

**AMMENDMENTS**

- X** Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- Statement of Authority

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Qualification for LLP
- Reinstatement
- Other

EXAMINER'S INITIALS: \_\_\_\_\_

2021-08-11 10:54 AM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BAY TO BAY FENCING LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobby Hernandez  
Name of Person  
BAY TO BAY FENCING LLC  
Firm/Company  
4522 W Village Dr #6074  
Address  
Tampa, FL 33624-3429  
City/State and Zip Code  
baytobayfencing@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Hernandez at ( 813 ) 944-8530  
Name of Person Area Code Daytime 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:**  
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**

BAY TO BAY FENCING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/26/2023 and assigned  
Florida document number L23000258142.

This amendment is submitted to amend the following:

**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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 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

Zip 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>                  | <u>Type of Action</u>                   |
|--------------|-----------------|---------------------------------|-----------------------------------------|
| MGR          | Bobby Hernandez | P.O. Box 255 Wimauma, FL. 33598 | <input checked="" type="checkbox"/> Add |
|              |                 |                                 | <input type="checkbox"/> Remove         |
|              |                 |                                 | <input type="checkbox"/> Change         |
|              |                 |                                 | <input type="checkbox"/> Add            |
|              |                 |                                 | <input type="checkbox"/> Remove         |
|              |                 |                                 | <input type="checkbox"/> Change         |
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|              |                 |                                 | <input type="checkbox"/> Remove         |
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