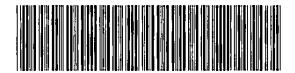
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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Clayton Stain and Seal 11 C 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:
Derek Clayton Name of Person
Firm/Company
Firm/Company
6455 Boy Oaks Dr.
Milton, FL 32583
City/State and Zip Code Clay to n. devek 9 mail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 341 - 8168 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ \$30.00 Filing Fee &
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

(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 01/31/2024 and assigned Florida document number L2400057699
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: \[\left(\left(\text{NY} + \text{ON} \right) \frac{\text{Fencing}}{\text{LLC}} \] 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
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 1 is accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if illis 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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
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			□ Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing: (optional) (optional)	207 (1 l as tl
the recore	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	ihe (
Dated	11-25-24 5 7 5 3	
	Signature of a member or authorized representative of a member	
	Derek Claytuh	

Filing Fee: \$25.00