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(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
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COVER LETTER

	egistration Solivision of Cou			•	٠,
d cup mesa		Fencing LLC	,r.		
SUBJECT	·	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ım all correspo	ondence concerning this matter	to the following:		
		Robert A. Heckman			
			Name of Person		
		Heckman Fencing LLC			
		 	Firm/Company		
		18360 Lost Ln			
		-	Address		
		N. Ft. Myers, FL 33917			
		heckmanfencinglle@gmail,	City/State and Zip Code		
			to be used for future annual report	rt notification)	
For further	information c	concerning this matter, please co	all:		
Robert A.	Heckman		239 225-55.	39	
	Name o	of Person	at () Area Code D	aytime Telephone Number	
Enclosed is	s a check for th	he following amount:			
\$25.00) Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is c	atus &
	lailing Addres		Street Addre		رَيْ
	egistration S	Section Corporations	Registration of		ī.*
	O. Box 632.			Corporations of Tallahassee	c)
	allahassee, l			onroe Street, Suite 810	<u>ග</u>
_		- - • • •	Tallahassee		<u>(</u>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heckman Fencing LLC

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

ompany were filed on 05/29/20	024 and assigned
 ∵	
ed liability company here:	
ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
	, <u>.</u>
ESS)	
Enter Florida st	reet address
City	, Florida Zip Code
Agent:	
mplete performance of my c ent as provided for in Chap	city. I further agree to comply with the luties, and I am familiar with and ter 605, F.S. Or, if this document is infirm that the limited liability.
	;; ;;
	ed liability company here: ed Liability Company," the designation of

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert A. Heckman	18360 Lost Ln	≌Add
		N. Ft. Myers, FL 33917	
			□Add
			□Remove
			□Change
			□Remove
		 	□Change
			[]Add
			□Remove
			□ Change
			Remove
			☐ Chẳnge
			
			☐ Remove
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Manadana dinana diffusionale	akanak da eer	05/29/2024		•
fective date, if other to an effective date is listed, the	e date must be specific and	g: I cannot be prior to date o	(option of filing or more than 90 days after f	1 21) iling.) Pursuant to 605.020
			tutory filing requirements, this	date will not be listed a
ote: If the date inserted		state a recorda.		
	1			
ote: If the date inserted becument's effective date	-	an offsetive time at 1	2:01 a.m. on the earlier of the	The 1966 day after the
ote: If the date inserted beument's effective date record specifies a delayer	-	an effective time, at	2:01 a.m. on the earlier of: (b)	The 90th day after the
ote: If the date inserted beument's effective date record specifies a delayer	-	an effective time, at 1	2:01 a.m. on the earlier of: (b)	
ote: If the date inserted becoment's effective date record specifies a delayer is filed.	-	an effective time, at 1	2:01 a.m. on the earlier of: (b)	
ote: If the date inserted becoment's effective date record specifies a delayer is filed. June 12th,	-		2:01 a.m. on the earlier of: (b)	
ote: If the date inserted becoment's effective date record specifies a delayer is filed.	-		2:01 a.m. on the earlier of: (b)	
ote: If the date inserted becoment's effective date record specifies a delayer is filed. June 12th,	d effective date, but not	2024 Ceh	2:01 a.m. on the earlier of: (b)	

Filing Fee: \$25.00