

12/20/24, 1:44 PM

Division of Corporations

L24000252759

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARRIER MASTERS FENCING LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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K. SALY

DEC 26 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barrier Masters 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:

Mike Town  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
9000 Spectrum Dr  
Address  
Austin, TX 78717  
City State and Zip Code  
slporter34@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town 800 773-0888  
Name of Person at ( ) 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Barrier Masters Fencing LLC

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

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2024 DEC 23 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2024 and assigned  
Florida document number 124000252759.

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 "LLC."

Enter new principal offices address, if applicable:

29 Columbia Ln., Unit A, Palm Coast

(Principal office address MUST BE A STREET ADDRESS)

FL 32137

Enter new mailing address, if applicable:

29 Columbia Ln., Unit A, Palm Coast

(Mailing address MAY BE A POST OFFICE BOX)

FL 32137

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

City, Florida 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>
AMBR	Jacob B Horton		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		29 Columbia Ln., Unit A, Palm Coast FL 32137	<input checked="" type="checkbox"/> Change
AMBR	SERGIO J PORTER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		29 Columbia Ln., Unit A, Palm Coast FL 32137	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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