(24000) 2746633

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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Principal--010--015 4.600.00

2012 JULI I AMILES

COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	 SO, ON THE STATE THE NAME THE COMPANY NAME SUCCEDED BRIGHT, AND LOTTED AND SOUTHBRIGHT ON
3000201.	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	ERYCK BRIZUELA
	Name of Person
	Firm/Company
	9217 MAYBURY CT
	Address
	TAMPA FLORIDA 33615
	City/State and Zip Code ERYCKBRIZUELA@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
ERYCK BRIZUELA	813 5219221 at ()
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaanna DI 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIRIZUELA'S FENCE LLC

(<u>Name of the Limited L</u> (A F	dability Company as it now appears on our records.) Torida Limited Liability Company)	
	lity Company were filed on	and assigned
Florida document number 1.24000278633	 -	
This amendment is submitted to amend the following	iē:	
A. If amending name, enter the new name of the	e limited liability company here:	
BRIZUELA'S FENCE LLC The new name must be distinguishable and contain the words	CT IC NO OC. "Limited Liability Company." the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
R If amending the registered agent and/or regis	tered office address on our records, enter the nam	a af the nav vogistared
agent and/or the new registered office address he		e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		2012
	Enter Florida street address	
	. Florida	
_	City	$Zip\ Code_{\varnothing,\subseteq} \mathbb{Z}$
New Registered Agent's Signature, if changing Regis	stered Agent:	
provisions of all statutes relative to the proper a accept the obligations of my position as registered	gent and agree to act in this capacity. I further agread complete performance of my duties, and I am feed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lingue.	amiliar with and 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 reigoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
		-	🗖 Add
			□ Remove
			Change
			□Add
			Remove
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			□Remove

Change

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		27	-
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E ffec t If an ef	ive date, if other than the date of filing:	renont t	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	I not be	2 listed as
acie un	ent's effective date on the Department of State's records.		
reco:	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90)th day	after the
rd is fi	led.		arter the
	7024		
Dated	Engels		

Typed or printed name of signee