## 

(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:
Months





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## **COVER LETTER**

TO: Registration So Division of Cor					
	NCE USA LLC				
SUBJECT:	Name of Lim	ited Liability Company	***************************************		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ABENAMAR PEREZ				
		Name of Person			
		Firm/Company			
	29421 SW 203RD ΛVE				
	Address HOMESTEAD, FL 33030				
		City/State and Zip Code	. <b></b>		
	perezfenceinstall@gmail.co	om to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	· · · · · · · · · · · · · · · · · · ·			
ABENAMAR PEREZ		305 337-9468			
Name o	of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		
Mailing Addres		Street Address: Registration S	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of			
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & B FENCE USA LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{06/21/2024}{}$	and assigned
Florida document number L.24000281476	<del></del> ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	2024 J SEC-3
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
	· · · · · · · · · · · · · · · · · · ·	7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>en</u> t	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		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 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
MGR	ABENAMAR PEREZ	29421 SW 203RD AVE HOMESTEAD, FL 33030	<b>=</b> Add
			□Remove
		<del> </del>	Change
		<del></del>	
			□Remove
			□ Change
		<u></u>	□Add
		<u></u>	□Remove
			□ Change
	11-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-		□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

-	
<del> '</del>	
an effecti lote: If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	dune 25, 2024.
	(TiAB)
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00