## L24000353632

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
Fence Supp	ly, LLC.			
SUBJECT:	Name of Lin	nited 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:		
	Christian Regla			
		Name of Person		
	Fence Supply LLC.			
		Firm/Company		
	5551 Brookline Dr.			
		Address		
	Orlando, Fl. 32819			
	Oriando, 14. 32819	City/State and Zip Code	-	
	tencesupply.llc@gmail.con	•		2 7
		to be used for future annual rep	ort notification)	75
For further information c	oncerning this matter, please c	ali:		7024 OCT -4 SEGNED TO
Christian Regla		407 283-4	534	
Name o	f Person	Area Code	Daytime Telephone Number	
				. "\
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
Mailing Addres		Street Addr		
Registration Section Division of Corporations		_	on Section of Corporations	
P.O. Box 6327			e of Tallahassee	
Tallahassee, 1	FL 32314	2415 N. N	Aonroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fence Supply, LLC.		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Conforda document number <a href="L24000353632">L24000353632</a> .	npany were filed on 08/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	5551 Brookline Dr. Orlando, Fl. 3	32819
Mailing address MAY BE A POST OFFICE BOX)		
		경찰 용
B. If amending the registered agent and/or registered o	ffice address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:		* 4.* * * *
Name of New Registered Agent:		·
Name Day Transport (NET and Additional		<u> </u>
New Registered Office Address:	Enter Florida street address	<u>, , , , , , , , , , , , , , , , , , , </u>
	Ulani	da
	, rion	Zin 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

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ective date, if other that reffective date is listed, the date: If the date inserted in nument's effective date on	this block does not:	meet the applicab	date of filing or more le statutory filing	e than 90 days after requirements, this	nat) filing.) Purst date will n	ant to 605,020 of be listed a
cord specifies a delayed e s filed.	ffective date, but no	t an effective time	e. at 12:01 a.m. oi	the earlier of: (b)	The 90th	day after the
ed September 01		9 · <u>2024</u>	. •			
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Filing Fee: \$25.00