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SECRETARY OF STATE
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COVER LETTER

TO:		stration Section of Corp								
SUBJE	CT: _	Florida	Fence	Barns o	and outd	oor Se	ervices	LLC		
				Name of Lir	mited Liability Con	npany				
The enc	losed a	Articles of A	mendment ar	nd fee(s) are su	bmitted for filing	,*				
Please re	eturn a	ll correspon	dence concer	ning this matte	r to the following	<u>,</u> ;				
			Alfo	nso Hermi	andez Name of P	Jose Person	Rivera	··	-	
			F/ori	da Fenc	e Barns Firm/Com	and	Outdoor	Services	UC.	
					d Floner Addres				-	
			AH	Conso. det	City/State and Cilling @ am (to be used for Jutu	Zip Code	report notifica	tion)		•
For furtl	her inf	ormation cor		matter, please				,	2024 SEC	
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		Name of I	erson .		Area (Code	Daytime To	elephone Numb	3 PK	
Enclose	d is a c	theck for the	following an	nount:						· · · · · ·
☑ \$25	.00 Fi	ing Fee		Filing Fee & eate of Status	☐ \$55.00 Fi Certified (additional			Certified	iling Fee, ite of Status &	
	<u>Maili</u>	ng Address:				Street A	ddress;			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name o	of the Limited Liability Co (A Florida Lim	ompany as it now appears on o	our records.)		
The Articles of Organization for this Florida document number	Limited Liability Comp	,		and ass	igned
This amendment is submitted to amer	nd the following:				
A. If amending name, enter the new	w name of the limited	liability company here:			
The new name must be distinguishable and c	contain the words "Limited I	Liability Company," the designa	ation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address	s, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE	A STREET ADDRESS	<u> </u>			
			·	SE 29	
				ACE DE	"]]
Enter new mailing address, if appli	cable:			ASI C	, = 6*4
Mailing address MAY BE A POST	OFFICE BOX)			DA.	
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				121.08	
B. If amending the registered agen agent and/or the new registered off	t and/or registered off ice address here:	fice address on our record	ds, <u>enter the na</u>	me of the nev	v register
Name of New Registered A	gent:				
New Registered Office Add	lress:				
		Enter Florida st	reet address		
			, 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>	<u>Address</u>	Type of Action
MGR	James H. Patterson	626 E Waldo Street Groveland, FL. 34736	□Add
		Groveland, FL. 34736	ERemove
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ective date, i	f other than to s listed, the date	the date of f	iling:/	1/25/20	24	(optional))	
effective date in the date in the date	s listed, the date inserted in this	must be specific s block does r	and cannot be the	ne prior to date applicable s	of filing or me atutory filing	ore than 90 day: ; requirement	s after filing s, this date	g.) Pursuant i e will not b	to 605,020 e listed a
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