



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/23/2021	202110404132	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

TAX MATTERS INC
PO BOX 435
SUGARCREEK, OH 44681

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4451781

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CORNERSTONE FENCING LTD

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 04/14/2021

Document No(s):

202110404132



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
23rd day of April, A.D. 2021.

Ohio Secretary of State

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50**Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

03/18/2020

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

MID OHIO FENCING LLC

Name of Limited Liability Company

4451781

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

CORNERSTONE FENCING LTD

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

PERPETUAL

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Consent for Use of Similar Name****(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)****Form Must Be Typed**Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name **By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.****Required**

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature
By (if applicable)
Print Name
Signature
By (if applicable)
Print Name