## LITOOCCE SICCO

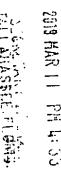
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

го:	Registration Section Division of Corpor				
SUBJE	ст: <i>Ви</i>	Kyard Exa Name of Limi	t Carcierg ited Liability Company	<u> </u>	E STATE OF THE STA
The enc	losed Articles of Am	endment and fee(s) are sub	mitted for filing.		To the
Please r	eturn all corresponde	nce concerning this matter	to the following:		
		Ja	Name of Person	_	
			Boot Firm/Company		-
		_	Pirm/Company		_
			Address		
	_		City/State and Zip Code  BBC Mare to be used for future annual rep		-
For furt	ner information conc	E-mail address: (i erning this matter, please ca		ort notification)	
	Dijana Name of Pe	Love	at (239) 4 Area Code	104 - 8596 Daytime Telephone Numbe	r
Enclose	d is a check for the fe	ollowing amount:			
□ <b>\$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ite of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT	
TO	
ARTICLES OF ORGANIZATION Significant Specific Sp	
OF	
Backyard Bout Conciered	
Back of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	÷
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>4/7000081061</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:	<u>eu</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
ther Pioriaa street address	
. Florida	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Type of Action **Title** Name <u>Address</u> AR James Cody Wigger 176 Lucky Palm pr - Add NAPLS FL 34104 PRemove \_\_\_\_ \_ \_\_\_ \_\_\_ Change \_\_\_\_\_ Change ☐ Change □ Add \_\_\_\_\_ □ Remove

\_\_\_ Change

_	
(If an effec <u>Note:</u> If	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	March 6 2019
	Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member
	Jarrel Lore

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Filing Fee: \$25.00