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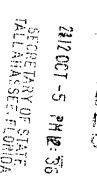
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T. CLINE
OCT - 8 2012
EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Backett Financia Services LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Burch Backett Name of Person
Baggett Firming 1 Services
Firm/Company
523 N. Halitax Ave
Dayfong Beach FL 37-118 City/State and Zip Code Buch baggett @ Baggett financial, com E-mail address: (to be used for future annual report notification)
Burk have # @ Bases # Longo ! Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (381) 38-8888 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Status S55.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Parietration Section Pagingtration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LO40000</u> 77/82 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 end with 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Acti
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mend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necesso	ry.)
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Page 2 of 2

Filing Fee: \$25.00