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SEP - 6 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Backwoods Bridges, LLC

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:

Henry Carl

Name of Person

Backwoods Bridges, LLC

Firm/Company

223 Black Creek Boulevard

Address

Freeport, FL 32439

City/State and Zip Code

henry@backwoodsbridges.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Carl

850 835-1304

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Backwoods Bridges, LLC		
(Name of the Limited Li	ability Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab		AS ₹
Florida document number L07000124909		FILE P-5 TARY OF
This amendment is submitted to amend the follow	ing:	ED PH 12: OF STAT E, FLORIG
A. If amending name, enter the new name of the	e limited liability company here:	TE IDA
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street 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 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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Carl, Aaron	721 Phillips Drive	Add
		Freeport, FL 32439	Remove
			_
			Remove
		TALL	Add
		AHAS	SE TIME
		EE. FLORIDA	PH IS A
			Add
			Remove
			_
			_
			Remove
			_
			Add
			Remove

D.	If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
.*		
		,
Da	ted	<u>8/28</u> . 13 . 1////
		Signature of a member or authorized presentative of a member
		Henry A Carl
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 SEP -5 PM 12: 31

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