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COVER LETTER

TO: Registration S Division of Co			
	ds Bridges LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Henry A Carl		
		Name of Person	
	Backwoods Bridges LLC		
		Firm/Company	
	223 Black Creek Boulevar	d	
	•	Address	
	Freeport, FL 32439		
		City/State and Zip Code	
	admin@backwoodsbridges.		
	É-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	alt:	
Lexy O'Nowlin		850 835-1304	
Name	of Person	at () Area Code Daytim	e 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)
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURI Registration Section Division of Corpo	on

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

Backwoods Bridges LLC		<u> </u>
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our r nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on December I	7. 2007 and assigned
Florida document number L07000124909		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		**
	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere	ad affiae address on our re-	ords anter the rome of the r
egistered agent and/or the new registered office address		
1		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		G
i i		
New Registered Office Address:	Enter Florida street a	ddress
	Civ	_, Florida Zip Code
	•	z.qr Crace
New Registered Agent's Signature, if changing Registered A	<u>zent:</u>	
hereby accept the appointment as registered agent and comprovisions of all statutes relative to the proper and compactions of my position as registered agent peing filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my dutic t as provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is
Ī	Changing Registered Agent, Signa	ture of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR	Kathy Carl	848 Mallet Bayou Road	
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ed November 22	2017	-·		
Sig	nature of a memoer or authori	zed representative of a member	er.	
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Page 3 of 3

Filing Fee: \$25.00