

LO7000124909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

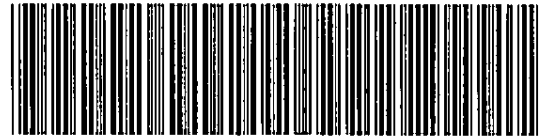
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## COVER LETTER

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 A Carl

Name of Person

Backwoods Bridges LLC

Firm/Company

223 Black Creek Boulevard

Address

Freeport, FL 32439

City/State and Zip Code

admin@backwoodsbridges.com

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

For further information concerning this matter, please call:

Lexy O'Nowlin

at ( 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

## Page 1 of 3

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

| <u>Title</u> | <u>Name</u> | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|-------------|-----------------------|--|
| MGR          | Kathy Carl  | 848 Mallet Bayou Road | <input type="checkbox"/> Add               |
|              |             | Freeport, FL 32439    | <input checked="" type="checkbox"/> Remove |
|              |             |                       | <input type="checkbox"/> Change            |
|              |             |                       | <input type="checkbox"/> Add               |
|              |             |                       | <input type="checkbox"/> Remove            |
|              |             |                       | <input type="checkbox"/> Change            |
|              |             |                       | <input type="checkbox"/> Add               |
|              |             |                       | <input type="checkbox"/> Remove            |
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|              |             |                       | <input type="checkbox"/> Remove            |
|              |             |                       | <input type="checkbox"/> Change            |

[illegible]

7:55 AM 8:45 AM

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 22

2017

Signature of a member or authorized representative of a member

Henry Carl

Typed or printed name of signee