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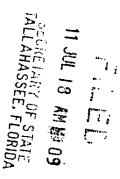
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(Address)				
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D. BRUCE

JUL 19 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	CCT:	Backwater (Guide Service, LLC			
50201		Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please	return all correspor	ndence concerning this matte	r to the following:			
			Christopher C Abdo	to provide a constraint of		
			Name of Person			
		Back	water Guide Service, LL	С		
			Firm/Company			
		3	3180 orange grove trail		Au 🔟	
 		 	Address			
			Janies Florida 34120		JUL 18 CRETARY LAHASSE	i ***
	Naples, Florida 34120 City/State and Zip Code			1'1'		
		cant.ch	•	nm	M KE	
		E-mail address: (ris@backwaterguidefl.co	notification)		Ĺ
For furt	ther information co	ncerning this matter, please of	call:		RIDA	
	Christo	opher C Abdo	at (239)	272-3609		,
	Name of	Person		ytime Telephone Number	•	
Enclose	ed is a check for the	following amount:				
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &	i)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COL Registration Se Division of Cor Clifton Building	porations			
			2661 Executive			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Backwater Guide Service, L	<u>LC</u>		
(Nan	ne of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.		
The Articles of Organization fo	r this Limited Liability Company were filed on	6/6/2011	and a	ssigned
Florida document number	L11000066539			
This amendment is submitted to	o amend the following:			,
A. If amending name, <u>enter t</u>	he new name of the limited liability company he	ere:		
The new name must be distinguis	hable and end with the words "Limited Liability Comp	pany," the designation	"LLC" or the	abbreviation
Enter new principal offices ac	ldress, if applicable:		<u>∑</u>	
(Principal office address MUS	T BE A STREET ADDRESS)			·
			AHASSER	
			SSE YRY	*
Enter new mailing address, if	applicable:		그의 꽃	
(Mailing address MAY BE A F	OST OFFICE BOX)		STATE CORID	: [
			37. 3	
B. If amending the register registered agent and/or the ne	red agent and/or registered office address on w registered office address here:	our records, <u>enter</u>	the name	of the new
Name of New Register	red Agent:	·		
New Registered Office				
	Er	Enter Florida street address		
	, Florid			
	City		Zip Cod	le

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Christopher C Abdo	3180 orange grove trail Naples, Florida 34120	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	ssary.)
			11 JUL
	7/44/0044		ASSEE. F
Dated	7/14/2011 		國 09 STATE LORIDA
		ober of authorized representative of a member	_
	Ту	Christopher C Abdo ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00