## L12000033594

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(Address)				
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(City/State/Zip/Phone #)				
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M. MILLIGAN EXAMINER

JUN 12 2014

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: Bac	ckcountry Outfitt	ers, LLC	
SUBJECT:		nited Liability Company	<del></del>
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Candi L. Gra	ay	
		Name of Person	<del></del>
	Emerald Co	ast Permitting, Ir	nc.
		Firm/Company	<del></del>
	534 Driftwoo	od Point Road	
		Address	
	Santa Rosa	Beach, FL 3245	9
		City/State and Zip Code	<del></del>
	emeraldcoastper	mitting@cox.net to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	•	
Candi L.	Gray	at (850) 837-74	444
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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)

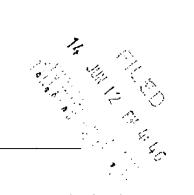
**MAILING ADDRESS:** 

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



Backcountry Outfitters, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on Mai	rch 6, 2012	_ and assigned
Florida document number L12000033594				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	· ·	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the de	signation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applic	able:	534 Driftwood	d Point Road	
(Principal office address MUST BE A STREET ADDRESS)		Santa Rosa Beach, FL 32459		
Enter new mailing address, if applicable:		534 Driftwood	d Point Road	
(Mailing address MAY BE A POST OFFICE BOX)		Santa Rosa Beach, FL 32459		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	ffice address here			name of the new
New Registered Office Address:	534 Driftwood Point Road			
New Registered Office Address.	Enter Florida street address			
	Santa Rosa	Beach	, Florida <u>324</u> 5	59
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the	er and complete stered agent as p	performance of m rovided for in Ch	y duties, and I am fam apter 605, F.S. Or, if t	iliar with and his document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** 40 Hidden Harbor Lane **Christian Duplantis MGRM** Miramar Beach, FL 32541 Remove 534 Driftwood Point Road Candi L. Gray MGR Santa Rosa Beach, FL 32459 □ Add ☐ Remove \_□ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Tr	ffective date, if other than the date of filing:
D	June 11 2014
<b>D</b> ,	May Di Li Shay 7
	Signature of a member or authorized representative of a member
	Candi L. Gray
	Typed or printed name of signee

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Filing Fee: \$25.00