## L13000088966

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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To but

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	IO ONLINE STORE LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	JOSEPH HUPPERT		
		Name of Person	
		Firm/Company	
10400 GRIFFIN ROAD STE 302			
		Address	
	COOPER CITY FL 33328		
	JOE@HUPPERTCPA.COM		
		o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ill:	
JOSEPH HUPPERT		954 434-4811 at ()	
Name	of Person	Arca Code Daytim	c Telephone Number
Enclosed is a check for t			
\$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 Addre		Street Address:	-4°
Registration Division of 0		Registration Se Division of Cor	
P.O. Box 63:		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXAPATIO ONLINE STORE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L13000088966	were filed on JUNE 19, 2013	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
THE BACKYARD POINT LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	3750 NW 114 Ave Bay#2, Miami FL 3	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	3750 NW 114 Ave, Bay#2 Miami Fl 331	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nam	e of the new regist
New Registered Office Address:	Enter Florida street address	
	, Florida	- 1 
<del></del>	City , Florida	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Петноче
			☐ Change
			□Remove
			Change
			□Remove
			Change
	<u> </u>	□ Remove	
			□Change
			□Add
			□Remove
			□ Change
			□Remove

\_\_\_\_\_ □Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff Note:	ve date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
<b>)</b> ated	October 1 , 2021 .
	Signature of a member or authorized representative of a member
	MARIA E. SANCHEZ

Filing Fee: \$25.00