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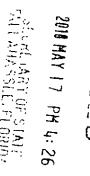
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: MY/	M LANDSCAPIN Name of Limit	on and Pool Strv ed Liability Company	ices LLC
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	MARGARE	Name of Person	Ry
		Firm/Company	
	726 Oxfor	DR Address	
		FL 33897 City/State and Zip Code	
	BACKSKIDS E-mail address: (to	o be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	II:	
MARGARET M Name of F	ODNI BOMERY Person	at (863) 2809 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.(X) 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

M+M LANDS CAPINA (Name of the Limited Liability	ity Company as it now appears on our records.) a Limited Liability Company)	
	Company were filed on//- /2 - /3_ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit THE BACKS GROU The new name must be distinguishable and contain the words "Limit		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	2011 HAY	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions are registered of the new registered of the additional actions are registered of the new registered agent and new registered agent agent agent agent and new registered agent ag	stered office address on our records, enter the name of th	: <u>e nev</u>
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	, Florida	_

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 = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name Address AMBR Ollie Montgomery 726 DXFORD DR FL 33897 ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove __ Change □ Add ☐ Remove □ Change

							
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Filing Fee: \$25.00