

L14000148304

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2015 AUG 17 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 19 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BACKWATER FINS, 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:

PAMELA J. FINLEY

Name of Person

BACKWATER FINS, LLC

Firm/Company

2505 SOUTH DIECIDUE DRIVE

Address

CRYSTAL RIVER, FLORIDA 34429

City/State and Zip Code

*crystalriverlady1@hughes.net*

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

For further information concerning this matter, please call:

PAMELA J. FINLEY

352 302-0823

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2015 AUG 17 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BACKWATER FINS, LLC

(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 Liability Company were filed on SEPTEMBER 22, 2014 and assigned  
Florida document number L14000148304.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2505 SOUTH DIECIDUE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

CRYSTAL RIVER, FLORIDA 34429

Enter new mailing address, if applicable:

2505 SOUTH DIECIDUE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

CRYSTAL RIVER, FLORIDA 34429

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PAMELA J. FINLEY

New Registered Office Address:

2505 SOUTH DIECIDUE DRIVE

*Enter Florida street address*

CRYSTAL RIVER

*City*

, Florida 34429

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAMELA J. FINLEY	2505 SOUTH DIECIDUE DRIVE	<input checked="" type="checkbox"/> Add
		CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL WILLIAMS, JR.	P.O. BOX 1964	<input type="checkbox"/> Add
		HOMOSASSA, FL 34447	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EVELYN D. WILLIAMS	P.O. BOX 1964	<input type="checkbox"/> Add
		HOMOSASSA, FL 34447	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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PALESTINE

2015 AUG 17 PM 12:12

SECRETARY OF STATE  
ALABAMA

**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 AUGUST 10 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DAVID S. FINLEY

Typed or printed name of signee