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(Red	questor's Name)	
(Add	lress)	
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COVER LETTER

TO: Registration So Division of Cor			
subject: <u>B</u>	ACKLOT 305 Name of Limit	5 LCC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	hitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Sasha	Torres Name of Person	
	. 	COT 305 LC	
	801 M	ADRID ST #	
	CORAL Sas	City/State and Zip Code Sha @ Nanco o be used for future annual report notif	33134 <u>4305</u> Cam
For further information c	oncerning this matter, please ca	·	-
Sashe Name o	Torres	at (365) <u>CZC</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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
Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BACKLO	JT 30	S L			
(Name of the Limited)	Liability Company Florida Limited Lia	y as it now app ability Compan	ears on our record y)	<u>s.</u>)	, .>
The Articles of Organization for this Limited Liab Florida document number	9627	vere filed on	611	15_:	and assigned
A. If amending name, enter the new name of th	e limited liabili	ity company	<u>here</u> :		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	y Company," th	Madrial Gable	9 2t	# 1 33134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
					· · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	-	ce address	on our records	s, enter the	name of the new
Name of New Registered Agent:	Sas	nato	cres	1	
New Registered Office Address:	801	Mad	f d St Florida street addres.	+1	
-	Coral	City)(<u>~</u> .Flo	orida	33134 Code
New Registered Agent's Signature, if changing Reg	istered 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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	1 Type of Action
	DE SECTION COS	·	
			□ Remove
	REMOVE		Change
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						fter filing.) Pursuant to 605 this date will not be liste	
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The 90th day	after the recor	d is filed.				•	
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	Si	gnature of a m	rember or autho	rized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00