

L16000148680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

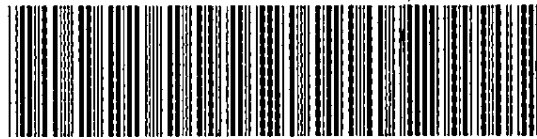
(Business Entity Name)

(Document Number)

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2017 OCT 23 AM 8:22

TALLAHASSEE, FL 32301

OCT 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACKYARD MASTERS by GFS CONSTRUCTION
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:

VIRGIL SMITH
Name of Person
BACKYARD MASTERS by GFS CONST
Firm/Company
1661 FATID RD
Address
DELAND, FL 32720
City/State and Zip Code
hurricane100@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIRGIL SMITH at (356) 873-6387
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

BACKYARD MASTERS by G&S CONST. 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 8/9/2014 and assigned
Florida document number L16000148680.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

City

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

Title	Name	Address	Type of Action
AMBR	RYAN JONES	1297 BRAMLEY LN	<input type="checkbox"/> Add
		DELAND, FL 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WARREN ROPP	1661 FATIO RD	<input checked="" type="checkbox"/> Add
		DELAND, FL 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTA MANSY ROPP	1661 FATIO RD	<input checked="" type="checkbox"/> Add
		DELAND, FL 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES GROOMS	1661 FATIO RD	<input type="checkbox"/> Add
		DELAND, FL 32720	<input checked="" type="checkbox"/> Remove
		EFFECTIVE 11/20 th /17	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE MAKE THE REMOVAL OF JAMES
GROOMS EFFECTIVE 11/25/17, ALL OTHERS
IMMEDIATE.

E. Effective date, if other than the date of filing: See above notes (optional)

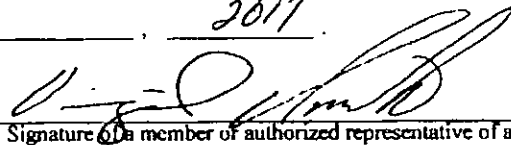
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated OCT 18, 2017.



Signature of a member of authorized representative of a member

VIRGIL SMITH

Typed or printed name of signee