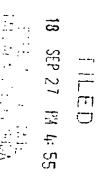


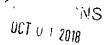
(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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09/27/18--01002--006 *+25.00





COVER LETTER

SUBJECT: <u>Bad</u>	CWOODS Hon	(L CONSTRUCTION ted Liability Company	1 LLC.
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Inel	E Name of Person	
	Mackinsods	Home Contract	tion UC
	2234 For	est Blvd.	
	Jacksonni	City/State and Zip Code	16
	Ockelley 20 E-mail address: (1	12@ y (UNIOD COM) o be used for future annual report notif	lication)
For further information co	oncerning this matter, please ca	11:	
Name of	Fred E Kelley Person	at (404) 985 5 Area Code Daytime	E Telephone Number
Enclosed is a check for the 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:

TO:

Registration Section Division of Corporations

> 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

Backswoods Hoir	ne Construction LLC.
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LISOO143233</u>	any were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
	· 6
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
	S. S.
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	l office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Ciry Zip Code
New Registered Agent's Signature, if changing Registered Age	·

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 $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	And E Kelley	2234 Forest Blvd	🗆 Add
		Jacksonville, PL.3224	<u></u> □ Remove
			Change
MGR	Joshua W Blair	2234 Frest Blvd	□ Add
		Jacksonville, Pt 3aar	(ĵ □ Remove
			Change
			□ Remove
			4 Change.
		: 	27 Tale 17 D
		·- ·	. □ Remove
		-	Change
			□ Remove
			Change
			□ Remove
			57 CI

. If amending any other information, enter change(s) here: (Attach additional	ıl sheets, if necessary.)
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<u> </u>	
	188.5
	SE
1917.7.1	27 17
	<u> </u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3) equirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time). The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of:
Dated 9-12 . 2018 . Signature of a member or authorized representative of	a member
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00