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COVER LETTER

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SUBJECT		BACKFLOW SERVICES LLC	-	
	·	Name of Lim	ited Liubility Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		DANIEL GOLDSTEIN		
		FLORIDA BAÇKFLOW S	Name of Person SERVICES LLC	
		2775 BURRIS ROAD, ST	Finn/Company E 7B	
		DAVIE, FL 33314	Address	
		DANGOLD13@AOL.CON	City/State and Zip Cade	
		E-mail address: (to be used for future annual report not	nlication)
For further	informution e	concerning this matter, please of	ull;	
DANIEL	GOLSTEIN		954 970-5252 0t ()	
	Name o	EPerson	Area Code Duytit	ne Telephone Number
Enclosed is	n check for t	he following amount:		
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Contiling Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tollahussee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tollahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA BACKFLOW SERVICES LLC		
(Nums of the Limited L	r us (t now uppears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L19000022355 This amendment is submitted to amend the following:	vere filed on <u>01/32/2019</u> ar	nd assigned
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Ulmited Liability	y Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable: .		20
(Principal office address MUST BE A STREET ADDRESS)	in the second se	<u>-</u>
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 here: Name of New Registered Agent:		NN 29 AM 9: 30 ne new
New Registered Office Address:	Enter Florida street uddress	
	Cip Zip	Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familie vovided for in Chapter 605, F.S. Or, if this	n with and document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

IGR = N	lanager		
MBR = A	Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR	DEON BOTHA	2775 BURRIS ROAD	
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		SUITE 7B	
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	·	DAVIE, FL 33314	
			Change
	DANIEL GOLDSTEIN	2775 BURRIS ROAD	
GR			
		SUITE 79	
-			☐ Remove
		DAVIE, FL 33314	
			Chunge
	DANIEL GOLDSTEIN	2775 BURKIS ROAD	
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			JANUAR'	Y 22, 2019			Ä		
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