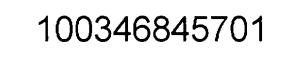
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Col | | ; | . |
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| SUBJECT: _Ba | CKJack Seal of Name of Line | coating (CC | |
| | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jeremy | Rice Name of Person | |
| | Black Jock | Sear Cost 17 | |
| | 830 AVB | 7+ 12 #F 1/6 Address | |
| | Port orage | City/State and Zip Code Cat Cast in 1 C Code to be used for future (innual report not | |
| | Black Sck S E-mail address: | to be used for future annual report not | FMail.com ification) |
| For further information of | concerning this matter, please c | | |
| Jereny K | ice | at (386) 366 - Area Code Daytir | -0344 |
| Name c | d Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a 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) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration Se | ection |
| Division of C | | Division of Corporations | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Back Tack Se iability Company as it now appears on our records.)
Torida Limited Liability Company)

| The Articles of Organization for this Limited Liabilit | ty Company were filed on | and assigned |
|--|--|----------------------------------|
| florida document number | | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, <u>enter the new name of the</u> | limited liability company here: | |
| he new name must be distinguishable and contain the words " | "Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | ODRESS) | |
| | | |
| | | |
| | | |
| | _ | |
| | 2 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2 | |
| Mailing address MAY BE A POST OFFICE BOX | ered office address on our records, ent | |
| Mailing address MAY BE A POST OFFICE BOX | ered office address on our records, ent | |
| Mailing address MAY BE A POST OFFICE BOX, B. If amending the registered agent and/or registered and/or the new registered office address her | ered office address on our records, <u>ent</u> | er the name of the new reg |
| Mailing address MAY BE A POST OFFICE BOX | ered office address on our records, ent | er the name of the new reg |
| Mailing address MAY BE A POST OFFICE BOX, 3. If amending the registered agent and/or registered and/or the new registered office address her | ered office address on our records, <u>ent</u> | er the name of the new reg |
| Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office address her | ered office address on our records, entre: Enter Florida street add | er the name of the new reg |

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> | Name | Address | Type of Action |
|--------------|-------------|--------------------------|------------------------------|
| MGR | Andrew Dean | Goo S. Grandview Ave # 1 | <i>l<mark>oo</mark></i> □Add |
| | | Jayrone Beach FC 32118 | Æ Remove |
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| C-66 | ve date, if other than the date of filing: 6-26-2020 (optional) |
| if an eff | ve date, if other than the date of filing: (optional) ective 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 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| uocun | ent's effective date on the Department of State's records. |
| | |
| e recor rd is fi | d 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 |
| 14 15 11 | cu. |
| | 6-76 200 |
| | <u>6-26</u> 2020. |
| Dated | |
| Dated | |

Typed or printed name of signee