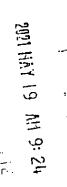
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | - 3 | |
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| CHDIE | Back Yard I | Burnings LLC | a. I | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Theodore Ponto | | |
| | | - | Name of Person | |
| | | Back Yard Burnings LLC | | |
| | | | Firm/Company | |
| | | 4797 NW 49 St | | |
| | | | Address | |
| | | Coconut Creek, FL 33073 | | |
| | | | City/State and Zip Code | |
| | | deenalg@bellsouth.net | to be used for future annual report notif | fication) |
| For furt | her information c | oncerning this matter, please ea | · | , |
| Theodo | re Ponto | | 954 540-2943 | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| ■ \$2.5 | .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 Registration S | | <u>Street Address:</u> Registration Sec | ction |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Back Yard Burnings LLC | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company w | ere filed on April 13, 2021 | and assigned |
| Florida document number L21000172055 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | C NA L C MICH | جم الله الله الله الله الله الله الله الل |
| he new name must be distinguishable and contain the words "Elimited Liability | Company," the designation "LLC" or | |
| Enter new principal offices address, if applicable: | <u></u> | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | <u> </u> |
| | | ٩ |
| Enter new mailing address, if applicable: | | 2 |
| Mailing address MAY BE A POST OFFICE BOX) | | * . |
| Stating address MAT DE ATOM OFFICE DOA | | |
| | | |
| 3. If amending the registered agent and/or registered office ad gent and/or the new registered office address here: | dress on our records, enter the | name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Floric | Ia |

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 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------------------|----------------|
| Pres | Theodore Ponto | 4797 NW 49 St, Coconut Creek, FL 33073 | = Add |
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| ective date, if other than th | | | (option | | |
| n effective date is listed, the date m te: If the date inserted in this b | plock does not meet the applic | able statutory filing re- | han 90 days after fi quirements, this c | ling.) Pursi late will n | uant to 605.02 of be listed |
| cument's effective date on the l | Department of State's records | | | | |
| ecord specifies a delayed effecti is filed. | ive date, but not an effective t | ime, at 12:01 a.m. on th | he earlier of: (b) | The 90th | i day after th |
| May 14. | 2021 | <u> </u> | | | |
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Filing Fee: \$25.00