L2200006997H

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(Business Entity Name)	02/28/2201031
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COVER LETTER

TO:	Registration Sect Division of Corp	tion orations	, h	
	Backsight Se	rvices LLC		£
SUBJEC	Tr: <u>. </u>		ed Liability Company	 "
The encl	osed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspon	idence concerning this matter to	o the following:	
		Kevin D. Sutherland		·
			Name of Person	
		Backsight Services LLC		
			Firm/Company	1
		3945 Oakland St.		
			Address	_
		Port St. John, FL 32927		1
			City/State and Zip Code	1
		kevinsutherland1976@gmai	Leom to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please ca		
	D. Sutherland		321 355-0991	
	Name o	f Person	Area Code Daytime Telephone N	umber
Enclose	ed is a check for the	he following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Address Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Strallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Backsight Services LLC

2022 FEB 28 PM 2: 06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 32081448 SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on February 10, 2022 and assigned Florida document number _ L22000069974 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 "L.L.C." 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 Cirr 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Deborah F. Withers	174 Church RD. Merritt Island, FL 32953	= Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□ Add
			□Remove
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			□Add
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SAFETY STATE SAFE SPECIAL			□Add
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			 □Change

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fective date, if other than the date of filing:	o date of filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	the statutory tring requirements, this date with not be instead
	1
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 25 2022	
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	- /
Supplier of a month or or author	rized representative of a member

Filing Fee: \$25.00