122000069974

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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T. MATTHEWS JUL -8 2022

COVER LETTER

Division of Co		•	•
	Services, LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Kevin D. Sutherland		
		Name of Person	
	Backsight Services, LLC		
		Firm/Company	
	3945 Oakland Street		
		Address	
	Port St. John, FL 32927		
	kevinsutherland1976@gma	City/State and Zip Code	
	· · · -	to be used for future annual report notified	ation)
For further information	concerning this matter, please c	all:	
Kevin D. Sutherland		321 355-0991	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addre Registration		Street Address: Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLD SECRETARY OF STATE DIVISION OF CORPORATIONS

Backsight Services, LLC

22 MAY 10 AM 11: 53

(Name of the Limited Liability Com	pany as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000069974</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(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 offic agent and/or the new registered office address here:	e address on our reco	rds, <u>enter the nar</u>	ne of the new registero
Name of New Registered Agent:		·-·-	
New Registered Office Address:	Enter Florida	street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off- company has been notified in writing of this change.	ete performance of my is provided for in Cha	y duties, and 1 am apter 605, F.S. Oi	r, if this document is

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	Deborah F. Withers	174 Church Rd. Merritt Island, FL 32953	□Add
			Remove
			[]Change
MGR	Kevin D. Sutherland	3945 Oakland St. Port St. John, FL 32927	■Add
			□Remove
			☐ Change
<u></u>			🗆 Add
			🖾 Remove
			☐ Change
			□Add
			□Remove
			□ Change
<u>_</u>			□Add
		□Remove	
			Change
			□Add
		□Remove	
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
<u>Sote:</u> If th	date, if other than the date of filing:
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5-5 2022
	Signature of a member or authorized representative of a member
	,
	KEVIN SUTHERLAND

Filing Fee: \$25.00