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PICK-UP WAIT MAIL
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(Business Entity Name)
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TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
eum ucc		HT SERVICES, LLC					
SUBJEC'	CT:Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		KEVIN D. SUTHERLANI)				
			Name of Person				
		BACKSIGHT SERVICES	, LLC				
		3945 OAKLAND ST.					
			Address				
		PORT ST. JOHN, FL 32927					
	City/State and Zip Code						
		KEVINSUTHERLAND@C	SMAIL.COM to be used for future annual report not	(Rootion)			
For furthe	er information c	oncerning this matter, please co	·	meanony			
KEVIN S	UTHERLAND		321 355-0991				
	Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations					
P.O. Box 6327			The Centre of T	•			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27 AM 10: 09

BACKSIGHT SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records. DE LINE WART OF STATE TALL AHASSEE, 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 Cin 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
AR	DEBORAH F. WITHERS	174 CHURCH RD. MERRITT ISLAND, FL 32953	= Add
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an effective date is listed, the date must be specific as ote: If the date inserted in this block does not becument's effective date on the Department of	and cannot be prior to date of timeet the applicable statu	filing or more than 90 days at	tional) der filing.) Pursuant to 60 his date will not be lis	5.0207 ted as 1
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Typed or printed name of signee