

M13000003848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

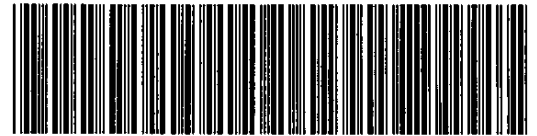
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
14 JUL -8 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 9 2014

T. BROWN



July 7, 2014

VIA FEDEX ONLY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Back Cove Holdings, LLC

Dear Sir or Madame:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the undersigned at this office, by email, as indicated below.

For further information concerning this matter, please contact me.

Enclosed is a check for the following amount of \$25.00 for filing.

Thank you for your time and consideration.

Sincerely,

MARZELLA LAW GROUP, PLLC

A handwritten signature in black ink, appearing to read 'C. Marzella', is written over the printed name.

CARMEN J. MARZELLA

cmarzella@marzellalawgroup.com

CJM/c
Encls.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS IN FLORIDA

FILED
14 JUL -8 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: **BACK COVE HOLDINGS, LLC**

2. Jurisdiction of its organization: **DELAWARE**

3. Date authorized to do business in Florida: **6-17-2013**

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: (must contain "Limited Liability Company", "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

NO CHANGE IN NAME

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: **N/A**

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

MGR DEFOREST E. MARTIN, III
3929 HENDRICKS AVE.
JACKSONVILLE FL 32207

REMOVE AS MANAGER

MGR BACK COVE MANAGEMENT, LLC
3929 HENDRICKS AVE.
JACKSONVILLE FL 32207

ADD AS MANAGER

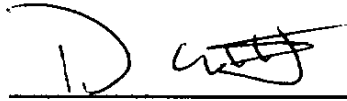
7. Attached is an original certificate, if required:

NOT REQUIRED. CORRECTING FLORIDA RECORD ONLY.

no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative:

BACK COVE MANAGEMENT, LLC
Manager

A handwritten signature in black ink, appearing to read 'DeForest E. Martin III', is written over a horizontal line.

By: DeForest E. Martin III
Manager

Filing Fee: \$25.