

P2Z000026702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

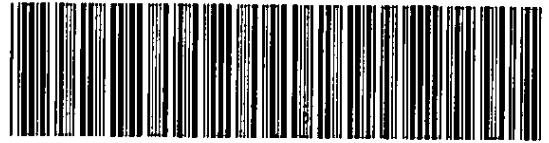
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1 box

Office Use Only



800392326008

08/18/22--01010--008 \*\*35.00

FILED

2023 JAN 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

Amend

JAN 24 2023

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BACKWATER PROPERTY MAINTENANCE, INC.

**DOCUMENT NUMBER:** P22000026702

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CODY TODD

Name of Contact Person

BACKWATER PROPERTY MAINTENANCE, INC.

Firm/ Company

10378 N TWIN FLOWER TERRACE

Address

CRYSTAL RIVER, FL 34428

City/ State and Zip Code

CODYTODD1985@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CODY TODD

Name of Contact Person

at ( 352 ) 400-1959

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

FILED  
2023 JAN 10 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2022

CODY TODD  
BACKWATER PROPERTY MAINTENANCE, INC  
10378 N TWIN FLOWER TERRACE  
CRYSTAL RIVER, FL 34428

SUBJECT: BACKWATER PROPERTY MAINTENANCE, INC.  
Ref. Number: P22000026702

We have received your document for BACKWATER PROPERTY MAINTENANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Only check one(1) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 022A00026636

12/13 RECEIVED  
2022 JAN 10 PM 12:35  
Appropriate Box on page 2" has been checked.

Articles of Amendment  
to  
Articles of Incorporation  
of

BACKWATER PROPERTY MAINTENANCE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000026702

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

10378 N TWIN FLOWER TERRACE

CRYSTAL RIVER, FL 34428

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

10378 N TWIN FLOWER TERRACE

CRYSTAL RIVER, FL 34428

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

CODY TODD

10378 N TWIN FLOWER TERRACE

(Florida street address)

New Registered Office Address:

CRYSTAL RIVER, FL

Florida 34428

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

FILED  
2023 JAN 10 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☐ Add                              SV              Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> <u>Change</u>	<u>P</u>	<u>BRANDON S HURST</u>	<u>11947 W FIG TREE LANE</u>
<input type="checkbox"/> <u>Add</u>			<u>CRYSTAL RIVER, FL 34428</u>
<input checked="" type="checkbox"/> <u>Remove</u>			
2) <input checked="" type="checkbox"/> <u>Change</u>	<u>P</u>	<u>CODY TODD</u>	<u>10378 N TWIN FLOWER TER</u>
<input type="checkbox"/> <u>Add</u>			<u>CRYSTAL RIVER, FL 34428</u>
<input type="checkbox"/> <u>Remove</u>			
3) <input type="checkbox"/> <u>Change</u>	<u>V</u>	<u>CODY TODD</u>	<u>10378 N TWIN FLOWER TER</u>
<input type="checkbox"/> <u>Add</u>			<u>CRYSTAL RIVER, FL 34428</u>
<input checked="" type="checkbox"/> <u>Remove</u>			
4) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
5) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
6) <input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

SEPTEMBER 1, 2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

SEPTEMBER 1, 2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

AUGUST 8, 2022

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CODY TODD

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)