K14000132481

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Čit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Kampelma	nn Academy LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Steven van Stone		
		Name of Person	
	*	Firm/Company	
	315 Sunburst Court		
		Address	
	Clearwater, FL 33755		
		City/State and Zip Code	-
	sjvanstone@yahoo.com	to be used for fitture annual report noti	fication)
For further information of	concerning this matter, please co		neuron,
Steve van Stone		727 637-1218	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	ction
Registration Division of (Registration Se Division of Co	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Kampelmann Academy LLC

2022 JUN -3 PM 12: 54

(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records	EUNETARY UPSIME TALLAHASSEE, FL
The Articles of Organization for this Limited L Florida document number L14000132481	iability Compan	y were filed on 25 /	August 2014	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company her	<u>re</u> :	
NA				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the de	signation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	NA		
Principal office address MUST BE A STREE		<u></u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address	registered office	NA address on our re	cords, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	NA			
New Registered Office Address:	NA		·	
		Enter Flori	da street addres:	s
			, Flo	oridaZip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>		
I hereby accept the appointment as registere	ed agent and ag			rther agree to comply wi

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 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>	<u>Address</u>	Type of Action
AMGR	Corvin. V. Kampelmann	315 Sunburst Court, Clearwater, FL 33755	□Add
		I, Corvin Kampelmann, elect to be removed from	= Remove
		Kampelmann Academy LLC	□Change
	signed>		□Add
		COPUN KATTELTANN	□Remove
			□Change
	Dated>	29 May 2022	
			□Remove
			□Change
		71-71-71	□Add
			□Remove
			□Change
			□Add
			□Remove
		 .	□Change
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			□Remove
			Change

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Signature of a member or authorized representative of a member	ated 29 MAY		302	<u> </u>					

Filing Fee: \$25.00