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D SCOTT
JUL 1 2019

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		CLAY'S RV CAMPGROU	JND, LLC		
		Name of Lim	ited Liability Company		
The enclosed Arti	cles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all c	orrespond	ence concerning this matter	to the following:		- ·
		MII	TON C WILLIAMSON		. # -
			Name of Person		
		M.A	Firm/Company 1301 SECOND AVE N		
		· · · · · · · · · · · · · · · · · · ·	Address STEINHATCHEE, FL 32359		-
		Rober	City/State and Zip Code t@beauchampedwardscpa.co	m	-
	,	E-mail address: (to be used for future annual repor	rt notification)	
For further inform	nation cond	eerning this matter, please ca	all:		
ROBERT BEAU	СНАМР		352 493-480	08	
	Name of Po	erson		aytime Telephone Number	
Enclosed is a chec	ck for the I	ollowing amount:			
■ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	te of Status &
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 re, FL 32314	Registration S Division of C Clifton Build:	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAMPGROUND, I		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now a	opears on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed o	11	and assigned
Florida document numberL19000127892			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability compa	ny 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:		OND AVE N	<u> </u>
(Principal office address MUST BE A STREET ADDRES	STEINHA	TCHEE, FL 32359	
(Frincipal office address story be its insertion		<u> </u>	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ed office addre	ss on our records, <u>ent</u>	er the name of the n
1201 202	COND AVEN		
New Registered Office Address: 1301 SECOND AVE N Enter Florida street address			
STEINH	ATCHEE	Clarida	32359
<u> </u>	City	, Florida	Zip Code
to be the first Deviational of	•		

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 t 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>	Name	Address	Type of Action
			🗆 Add
			□ Remove
			☐ Change
			Add
			· □ Pannara
			Change
			□ Add
			☐ Remove
			☐ Change
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Note: If the	te, if other than the date late is listed, the date must be specified in this block diffective date on the Departi	oes not meet the applicabl	date of filing or more than 90 day le statutory filing requirement	(optional) s after filing.) Pursuant to 605.02 s, this date will not be listed a
e record s The 90th	specifies a delayed effe day after the record i	ective date, but not a s filed.	an effective time, at 12:	01 a.m. on the earlier
Dated	JUNE 10TH	2019		
	X Mil	Jon Jold	zed representative of a member	
	Sign.		1	

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Filing Fee: \$25.00