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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: T.CAMPANHARO@YAHOO.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAMPANHARO, LLC.**

Certificate of Status	0
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Page Count	03
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19 JUL 22 PM 3:11

2019 JUL 22 PM 1:50

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPANHARO, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/29/19 and assigned Florida document number L19000135401

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIFFANY CAMPANHARO, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Blank lines for principal office address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for mailing address

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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:

Blank line for name of new registered agent

New Registered Office Address:

Blank line for new registered office address

Enter Florida street address

Blank line for city and Florida

City

Florida

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

DEPARTMENT OF STATE
ATLANTA, GEORGIA 30334

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