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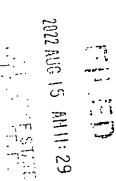
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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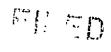
COVER LETTER

TO:

	ation Sect i of Corpo			
Can	npos Cons	truction & Remodeling, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all c	correspond	lence concerning this matter	to the following:	
		Vanessa Campos		
			Name of Person	
		Campos COnstruction		
			Firm/Company	
		9842 Knollview Dr		
			Address	
		Pensacola, FL 32514		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		vanephone (@gmail.com		
		E-mail address: (to be used for future annual report no	tification)
For further inform	nation con	cerning this matter, please ca	all:	
Vanessa Campos			443 280-3878	
	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a che	ek for the	following amount:		
■ \$25,00 Filing	g Fee	☐ \$30.00 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)
	<u>Address:</u> ation Se	etion	Street Address: Registration S	pretion
		porations	Division of Co	
P.O. Bo	ox 6327		The Centre of	Tallahassee
Tallaha	issee, FL	. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 15 AH 11: 29

Campos Construction and Remodeling			
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)	STITE
The Articles of Organization for this Limited Liabi	ility Company were filed on July 15, 2	022	and assigned
lorida document number L22000314938	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
he new name must be distinguishable and contain the word	ls "Limited Liability Company," the designati	ion "LLC" or the abl	previation "L.L.C."
Inter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>		
Inter new mailing address, if applicable:	-		
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
 If amending the registered agent and/or regingent and/or the new registered office address h 		i, <u>enter the nam</u>	e of the new regi
gen and the region of the authors of	·············		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
_	City	Ftorida	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>	Name	Address	Type of Action
AMBR	Alison Munoz	9842 Knollview Dr.	■Add
		Pensacola, FL 32514	5 10
			(Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Remove
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	-		
			□Remove
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ective date	, if other th	an the date	of filing:				(ор	tional)	
effective dat	e is listed, the o	date must be sp	ecific and ca	mnot be prio	r to date of fil	ing or more than	in 90 days af Grements - t	ter tiling.) Pur his data will	suant to 605.020 not be listed a
ument's eff	ective date o	n the Departn	nent of Stat	te's records	i.	ry ming requ	memena, c		111111111111111111111111111111111111111
	es a delayed	effective date	, but not ar	i effective t	ime, at 12:0	La.m. on the	earlier of:	(b) The 90	th day after th
s filed.									
A	~ \	1		2022					
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Filing Fee: \$25.00

Typed or printed name of signce