## KACCCO 155963

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: 122	77 SEP	landome Drive	<u>LLC</u>
The enclosed Articles of An	nendment and fee(s) are su	bmitted for filing.	
Please return all corresponde			
	Nasse	em Hesler Name of Person	
		E Plandorne 1 Firm/Company	Dr. LLC
	8435	SE Palm St	-
	Hobe	Address  Sound FL 3  City/State and Zip Code	33455
-	Nasseem E-mail address:	. Peslev @ gmail (to be used for future annual eport notifi	· Com
For further information conc	erning this matter, please of	call:	
Nasseem		at (319) 936	-9336.
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing 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)

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12272 SE Plando	,me	Drive	LLC	2022 MAY 23	PM 12: 58
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now lability Con	appears on our re	cords.)	SECRETARY TALLAHAS	J
				TALLAHAS	\$ĒĔ, FĹ
The Articles of Organization for this Limited Liability Company v	were filed	on _ 6 -	- 2020	and assigned	
Florida document number <u>L200000155963</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity compa	any here:			
LET'S CAMP LLC					
The new name must be distinguishable and contain the words "Limited Liabilit	y Company	," the designation "	LLC" or the abbro	eviation "L.L.C."	<del> </del> 
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					<del>-</del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					<del></del>
			·-		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on	our records, <u>en</u>	ter the name o	of the new regist	ered
agent and/or the new registered office address nere:					
Name of New Registered Agent:					
		· · · · ·	···-··		-
New Registered Office Address:	En	ter Florida street ad	dearr		_
	1.74	er i fortali street all	uress		
<del></del>	City	,	Florida	Zip Code	<del>-</del>
New Registered Agent's Signature, if changing Registered Agent:	City			zą Coue	
· · · · · · · · · · · · · · · · · · ·				. [	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erforman ovided fo	ice of my duties r in Chapter 60	, and I am fan 15, F.S. Or, if i	niliar with and   this document is	
If Changi	ing Register	red Agent, Signatu	re of New Registe	ered 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 Title Name **Address Type of Action** \_\_\_\_\_ □Remove ☐ Change \_\_\_\_\_ □ Add □Remove Remove \_\_\_\_\_ □Change  $\square$ Add Remove \_\_\_\_\_ □Change Remove □Add □Remove

\_\_\_\_ □Change

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(If an effect Note: If	date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement t's effective date on the Department of State's records.	(optional) rs after filing.) Pursuant ts, this date will not b	to 605.0207 be listed as
he record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th da	y after the
Dated _	May 19 2022		
	1 m		
	Signature of a member or authorized representative of a member		
	Masseem M. Hesler Typed or printed name of signee		