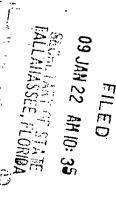
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DEPARTMENT OF STATE

DIVISION OF CORPORATION

B. KOHR
FEB - 2 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE :

863366

7682052

AUTHORIZATION

COST LIMIT

ORDER DATE: January 19, 2009

ORDER TIME : 11:18 AM

ORDER NO. : 863366-005

CUSTOMER NO: 7682052

## DOMESTIC AMENDMENT FILING

NAME: CAMPELL ENTERPRISES, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:



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January 23, 2009

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KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: CAMPELL ENTERPRISES, LLC

Ref. Number: L08000114274

Please give original submission date as file date.

We have received your document for CAMPELL ENTERPRISES, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name "CAMPBELL ENTERPRISES, LLC" is not available. It is too similar to the name of a presently active Florida corporation -- CAMPBELL ENTERPRISES, INC. (Document Number P0100065676).

Unless you can obtain written permission from this company to use the name CAMPBELL ENTERPRISES, LLC, you will have to choose another name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

**Buck Kohr** Regulatory Specialist II

Letter Number: 809A00002485

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CAMPELL ENTERPRISES, LLC

(Name of the Limit	d Liability Compa-	ny as it now appears on our rece liability Company)	ords.)	
The Articles of Organization for this Limited			and assigned	
Florida document number L0800011427	4		FIL IAN 22 LAHAS	
This amendment is submitted to amend the fo	llowing:		SEEF, FLO	
A. If amending name, enter the new name	of the limited liab	ility company here:		
J. CAMPBELL ENTERPRISES, LLC			ORIGINAL SE	
The new name must be distinguishable and end v "L.L.C."	vith the words "Limi	ted Liability Company," the design	mation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		38535 CENTRAL A	VE	
(Principal office address MUST BE A STREET ADDRESS)		Zephyrhills, FL 33540		
Enter new malling address, if applicable: (Mailing address MAX BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	Mice address here		enter the name of the new	
Name of New Registered Agent:	Scott Guerin	0.		
New Registered Office Address:	hwood Drive	turns and discount		
		(Enter Florida si	•	
	Lutz	, Flor	rida <u>33549</u>	
		(City)	(Zip Code)	
Now 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MOMR	JONATHAN CAMPELL	38535 CENTRAL AVENUR ZEPHYRHILLS FL 33540 US	Add Remove
MGMR	JONATHAN CAMPBELL	38535 CENTRAL AVENUE ZEPHYRHILLS FL 33540 US	X Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.,	)
Dated/	-19-09 fout up	mber or authorized representative of a momber	<del></del>
	Scott Guerin	rped or printed name of signee	<del>-</del>

Page 2 of 2

Filing Fee: \$25.00