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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Ventures by Campbell LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Michael Campbell Name of Person						
Ventures by Campbell LLC Firm/Company						
11841 US Hwy 415,						
Gibsonton, FL 33534						
Gibsonton, FL 33534 City/State and Zip Code Mike Odririte tampa. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Michael Campbell at (813) 781 5981 Name of Person Area Code & Daytime Telephone Number						
Mea Code & Daytime Telephone Rulnoel						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}						

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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:	· · · · · · · · · · · · · · · · · · ·	****
New Registered Office Address:		
	Enter Florida street address	
_		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Bill Compati	15708 CARLTON P WIMAYMA H	AKE RO Add
			□ Domosio
, 			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets	, if necessary.)
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	2 2 4 4)	20/2	
Dated/a	7-28-10 Muhak	auflel	2
	Mich	a member or authorized representative of a mem ac/ Campbell Typed or printed name of signee	uci ·

Page 2 of 2

Filing Fee: \$25.00