11000004150

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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07/25/11--01010--013 **30.00

T. HAMPTON The Sepant EXAMINER

COVER LETTER

TO: Registration S Division of Co		,
SUBJECT:	421 Campbell 4, LLC	
<u> </u>	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Ann C. Branch	
	Name of Person	
	Managing Member	
	Firm/Company	
	120 Rosewood Drive	
	Address	
	Guyton, GA 31312	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
	3. Towers at (352) 332-7688	
Name	of Person Area Code & Daytime Telephone Number	•
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &

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

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

HILEU

OF 11 JUL 25 PM 2: 23

421 Campbel	1 4, LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.
The Articles of Organization for this Limited Liabi	lity Company were filed on1	/10/2011 and assigned
Florida document number <u>1.11000004150</u>	<u> </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	r Florida street address
-	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 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'= Manager MGRM = Managing Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Christy Anders	120 Rosewood Drive Son Guyton, GA 31312	Add Remove
			Add
			Remove
<u></u>			Add Remove
	- ,		Add Remove
			T D amove
			Add Remove
D. If ame	_ •	enter change(s) here: (Attach additional sheets, if nec	
_		ll, 1817 N.W. 206th Street, Brook	
-	Florida 32622, i	s removed as a member.	SECRETARY VISION OF CO 11 JUL 25
-			CORPORATIONS CORPORATIONS PM 2: 23
Dated	July 22,		TE TIONS
	Adam S. Towers	authorized by Ann C. Branch ire of antember of authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00