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Florida Department of State

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: <u>Jampo</u> e		ted Liability Company	ices, LLC.	
	Amendment and fec(s) are sub ondence concerning this matter	•		
		Lisa Adams		
	Licenses, Etc., Inc.			
		386 110th Ave. N. #6		
		Naples, FL 34108		
		City/State and Zip Code		
		etc@licensesetc.com to be used for future armual report notifice	uion)	
For further information of	concerning this matter, please o	all:		
	Lisa Adams of Person	at (239) 7 Area Code & Daytime 7	77-8321 Felephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((H12000242011 3))) ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF Campbell, Rosemurgy, Stephano Construction Services, LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 6/28/2012 The Articles of Organization for this Limited Liability Company were filed on _____ L12000086638 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Page 1 of 2

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Zip Code

MGR = Manager

CAMPBELL_PROP

Ø 001/001 .

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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:

MGRM = 1 <u>Title</u>	fanaging Member <u>Name</u>	Address	Type of Action
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_	stead of Rosmurgy.		T-4 AM
_			STATE STATE STATE
Dated	October 9		
		r of briberized representative of a member LURICA L Tor printed name of signer	
	.,,,,,	. Page 2 of 2	

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