Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000202804 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future \*\*Enter the email address please.\*\* annual report mailings. Enter only one email address please. \*\*

Email Address:

Ø

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-CAMELOT CONCIERGE SERVICES, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA JUL 13 2018 7/12/2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now a meant an ear records.) (A Florido Limited Liability Company)   |   |                |
|---|---|----------------|
| The Articles of Organization for this Limited Liability Company were filed on August 20, 2012 Florida document number. L12000106826   | and assigned                                |                |
| 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 contain the words "Limited Liability Company," the designation "LLC" or the abbre-   | viation "L.L.C."                            | <del></del>    |
| Enter new principal offices address, if applicable:   | ·- <u> </u>                                 | _              |
| (Principal office address MUST BE A STREET ADDRESS)   |   | - <del>-</del> |
|   |   | <del></del>    |
| Enter new mailing address, if applicable:   |   |                |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                |
| HORRIDE WHEN THE IS NOT THE TOTAL PROPERTY OF THE PROPERTY OF | 3=  | 201            |
|   |   | ੋਂ ਦੜਾ<br>(    |
| B. If amending the registered agent and/or registered office address on our records, enter th   | p name of th                                | e nov          |
| registered agent and/or the new registered office address here:   |   | 12             |
|   | z(.)  |                |
| Name of New Registered Agent:   | <u> </u>                                    |                |
|   | <u>ــــــــــــــــــــــــــــــــــــ</u> |                |
| New Registered Office Address:  Enter Florida street address  |   | — <u>:</u> ;   |
|   |   |                |
| . Florida   |   |                |

## 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 605, 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, Simuture of New Registered Agent

Page 1 of 3

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

| <u>Title</u> | Name                 | Address                         | Type of Action |
|--------------|----------------------|---------------------------------|----------------|
| MGR          | Mark Blackburn       | 40306 Fisher Island Drive       |                |
|              |                      | Fisher Island, Florida 33109    | Remove         |
|              |                      |                                 | ☐ Change       |
| MGR          | Patrick Brensinger   | 5401 N. Central Exwy, Suite 300 |                |
|              |                      | Daltas, TX 75205                | Remove         |
|              |                      |                                 | ☐ Change       |
| MGR          | Brian Kruppa         | 5401 N. Central Exwy, Suite 300 | B Add          |
|              |                      | Dallas, TX 75205                | □ Remove       |
|              |                      |                                 | □ Change       |
| AMBR         | NNL Investment Trust | 4041 East Lake Estates Dr.      |                |
|              |                      | Davic, FL 33328                 | Remove 5       |
|              |                      |                                 | Change 2       |
| AMBR         | BOD, Inc.            | PO Box 496                      | *** 1 * *      |
| <del></del>  |                      | Jonesboro, AR 72403             | Remove         |
|              |                      |                                 | © Change       |
| AMDR         | Elias Schuchts, Inc. | 57 Camden Ct                    | Add            |
|              |                      | Bal Harbour, FL 33154           | Remove         |
|              |                      |                                 | ☐ Change       |

Page 2 of 3

| ). If amend    | ding any other information,   | enter change(s) here: (Attach ad          | ditional sheets, if necessary., | <b>;</b>             |          |  |
|----------------|---|---|---------------------------------|----------------------|----------|--|
|                |   |   |                                 |                      |          |  |
| *****          |   |   |                                 |                      |          |  |
| _              |   |   |                                 |                      |          |  |
| _              |   |   |                                 |                      |          |  |
| _              |   |   |                                 |                      |          |  |
|                |   |   |                                 |                      |          |  |
| _              |   |   |                                 |                      |          |  |
|                |   |   | <del></del>                     |                      |          |  |
|                |   |   |                                 | natari \             |          |  |
|                |   | <u> </u>                                  | · · · · · ·                     | <del>.,</del>        |          |  |
|                |   |   |                                 |                      |          |  |
| Note: 1 docume | f the date inserted in this block<br>nt's effective date on the Depar<br>and specifies a delayed ef | fective date, but not an effect           | y ming requirements, mis oate   | will not be asieu    | 23 010   |  |
| (b) The        | 90th day after the record   | is filed.                                 |                                 | ر<br>ر               |          |  |
| Dated_         | Dunkan  | · · · · · · · · · · · · · · · · · · ·     | -                               | 22 C                 | 10F 9182 |  |
|                | BRIAN KRUF  | nature of a member or authorized represen | aboute of a member              |                      | 12 P     | ir   |
|                | SKIKN AND   | Typed or printed name of sig              | rioc                            | 13 (A)<br>(A)<br>(A) | PM 4:51  | <u>(                                    </u> |
|                |   | Page 3 of 3                               |                                 | þr.                  | _        |  |

Filing Fee: \$25.00