

214000024861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

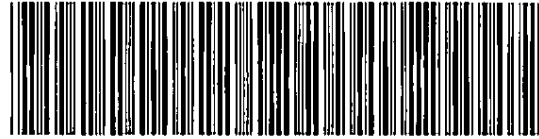
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAMPBELL PROPERTY MANAGEMENT LLC

Please Debit FCA000000003 For: 60

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMPBELL PROPERTY MANAGEMENT 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:

JAVEN CAMPBELL

Name of Person

CAMPBELL PROPERTY MANAGEMENT LLC

Firm/Company

PO BOX 5767

Address

HOLLYWOOD FL 33083

City/State and Zip Code

JAVENONLINE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVEN CAMPBELL

Name of Person

at (310)

Area Code

770-7245

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
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**

CAMPBELL PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 DEC 19 PM 1:38
FILED

The Articles of Organization for this Limited Liability Company were filed on 2/13/2014 and assigned Florida document number L14000024861.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1830 RADIUS DRIVE

(Principal office address MUST BE A STREET ADDRESS)

#805

HOLLYWOOD FL 33020

Enter new mailing address, if applicable:

PO BOX 5767

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33083

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:

JAVEN CAMPBELL

New Registered Office Address:

1830 RADIUS DRIVE, #805

Enter Florida street address

HOLLYWOOD

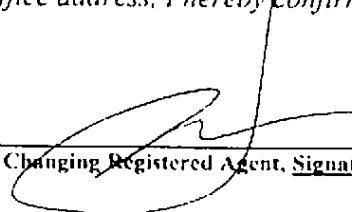
City

Florida 33020

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 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, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P MGR	JAVEN CAMPBELL	PO BOX 5767	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNARD CAMPBELL	PO BOX 5767	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRAVEN CAMPBELL	PO BOX 5767	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN CAMPBELL	PO BOX 5767	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WALTON CAMPBELL	PO BOX 5767	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33083	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLTON CAMPBELL	10340 SW 20TH COURT	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		MIRAMAR FL 33025	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12-18-23 . 1

JAVEN CAMPBELL, MGR

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Filing Fee: \$25.00