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| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: Campbell Enterprises Group LLC Name of United Liability Company | |
|---|--|
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Mary Campbell Name of Person | |
| Campbell Enterprises Group LLC | |
| 605 SE 3M St, Address | |
| Cape Cosal, Fl 33950 City/State and Zip Code | |
| Cambul Cooling 1 @ grail. Com E-mail address: (to be used for future annual report notification) | |
| For fluther information concerning this matter, please call: | |
| Mary Campbell at (235) 745-2300 Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| CAMPBUL ENTERPIEN GR | ing LLC |
|--|--|
| (Name of the Limited Liability Compan (A) Florida Limited Li | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company v | were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | (20 0 1) C |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | CAPO COINT (F1 33590 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 605 SE 3 rd St. 3. 6. CAPE COCH, FT 33980 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | Travis Campbell |
| New Registered Office Address: 605 S | Enter Florida street address O(a) City Tip Code |
| New Designary Agent's Signature if changing Degistered Agent's | , |

New Registered Agent's Signature, it 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 Type of Action Address <u>Name</u> Title _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Add ■ Remove _□ Change □ Add ☐ Remove ☐ Change

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| ective date, if other to n effective date is listed, the ete: If the date inserted | ie date must be specific in this block does n | and cannot be prior of meet the applies | to date of filing or more able statutory filing r | than 90 days after li equirements, this o | ling.) Pursuant to 605.02 late will not be listed : |
| cument's effective date | on the Department | of State's records. | | | |
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| The 90th day after | | | | , | |
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Filing Fee: \$25.00