## L15000158720

| (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: |
|                                         |
|                                         |
|                                         |

Office Use Only



700402194987

02.1E/23--U1013--U18 \*\*25.00



A. RAMSEY APR 1 8 2023

## **COVER LETTER**

| TO:           | Registration Sec<br>Division of Cor         |                                              |                                                                           | •                                                                                                   |
|---------------|---------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| CI   D II     | E CAMPOS                                    | PAINTING LLC                                 |                                                                           |                                                                                                     |
| SUBJI         | ECT:                                        | Name of Lim                                  | ited Liability Company                                                    |                                                                                                     |
| The en        | closed Articles of .                        | Amendment and fee(s) are sub                 | mitted for filing.                                                        |                                                                                                     |
| Please        | return all correspo                         | ndence concerning this matter                | to the following:                                                         |                                                                                                     |
|               |                                             | EDGARDO CAMPOS                               |                                                                           |                                                                                                     |
|               |                                             |                                              | Name of Person                                                            |                                                                                                     |
|               |                                             | CAMPOS HOME SERVIO                           | CES LLC                                                                   |                                                                                                     |
|               |                                             |                                              | Firm/Company                                                              |                                                                                                     |
|               |                                             | 2984 HARROW ROAD                             |                                                                           |                                                                                                     |
|               |                                             | •                                            | Address                                                                   |                                                                                                     |
|               |                                             | SPRING HILL, FL 34608                        |                                                                           |                                                                                                     |
|               |                                             |                                              | City/State and Zip Code                                                   |                                                                                                     |
|               |                                             | TAMMI.FERNANDEZ.CP                           | A@GMAIL.COM to be used for future annual report notifi                    | aution\                                                                                             |
| For fu        | rther information co                        | oncerning this matter, please c              |                                                                           | callony                                                                                             |
| EDGA          | ARDO CAMPOS                                 |                                              | 352 277-6224                                                              |                                                                                                     |
|               | Name of                                     | f Person                                     | at ()<br>Area Code Daytime                                                | Telephone Number                                                                                    |
| Enclos        | ed is a check for th                        | ne following amount:                         |                                                                           |                                                                                                     |
| <b>≡ \$</b> 2 | 5.00 Filing Fee                             | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | Mailing Addres Registration S Division of C | Section                                      | Street Address: Registration Sec Division of Corp.                        |                                                                                                     |
|               | D O D (10                                   | <b>-</b> '                                   | TI CI CT                                                                  | 11 1                                                                                                |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . FILED **OF**

2023 FEB 16 PM 12 50

E CAMPOS PAINTING LLC

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

(A Florida Limited Liability Company)

AHASSEE, FI GRAD.

| The Articles of Organization for this Limited Liability Company                                                     | 09/17/2015                             |                              |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
|                                                                                                                     | were filed on                          | and assigned                 |
| Florida document number L15000158720                                                                                |                                        |                              |
| This amendment is submitted to amend the following:                                                                 |                                        |                              |
| A. If amending name, enter the new name of the limited liabi                                                        | lity company here:                     |                              |
| CAMPOS HOME SERVICES LLC                                                                                            |                                        |                              |
| The new name must be distinguishable and contain the words "Limited Liabil                                          | ity Company," the designation "LLC" of | r the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:                                                                 |                                        |                              |
| (Principal office address MUST BE A STREET ADDRESS)                                                                 |                                        | <u> </u>                     |
|                                                                                                                     |                                        |                              |
|                                                                                                                     |                                        |                              |
| Enter new mailing address, if applicable:                                                                           | <u> </u>                               |                              |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                          |                                        | <del> </del>                 |
|                                                                                                                     |                                        |                              |
|                                                                                                                     |                                        | 6.1                          |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter th</u> | e name of the new registered |
|                                                                                                                     | ddress on our records, <u>enter th</u> | e name of the new registered |
| Name of New Registered Agent:                                                                                       | ddress on our records, <u>enter th</u> | e name of the new registered |
| agent and/or the new registered office address here:                                                                | ddress on our records, enter the       | e name of the new registered |
| Name of New Registered Agent:                                                                                       | Enter Florida street address           |                              |
| Name of New Registered Agent:                                                                                       | Enter Florida street address           | ida                          |
| Name of New Registered Agent:                                                                                       | Enter Florida street address<br>, Flor |                              |

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> | Address  | Type of Action |
|--------------|-------------|----------|----------------|
|              |             |          | □Add           |
|              |             |          | □Remove        |
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|              | <u></u>     |          | □Add           |
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| ய effectiv<br>ote: If t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's effective date or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                               |                                                  |                                                          |                                                                |
| an effective ocument ocument or specific specifi | 's effective date or<br>pecifies a delayed o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                     |                                               | e, at 12:01 a.m. on                              | the earlier of: (b)                                      | The 90th day after the                                         |
| an effective to the comment of the c | effective date or pecifies a delayed of the control | •                     |                                               | e, at 12:01 a.m. on                              | the earlier of: (b)                                      | The 90th day after the                                         |
| an effective to the comment of the c | effective date or pecifies a delayed of the control | •                     | not an effective tim                          | e, at 12:01 a.m. on                              | the earlier of: (b)                                      | The 90th day after the                                         |
| an effective to the comment of the c | effective date or pecifies a delayed of the control | effective date, but n | 2023                                          | e, at 12:01 a.m. on                              |                                                          | The 90th day after the                                         |

Filing Fee: \$25.00