216000034185

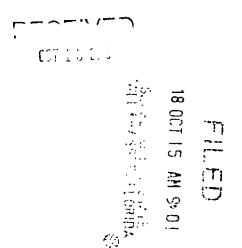
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900319202439

10/16/18--01036--028 **30.00



OCT 2 7 2018 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CAMPBELL'S FINANCIAL & INSURANCE SCRVICES, 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:		
Leslie George Campbell Name of Person		
STRATEGY'S INSURANCE & FINANCIAL SCRVICES, LLC Firm/Company		
3759 NW 91st Lane		
Sunrise, Florida 33351		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Leslie George Campbell at (154) 245-8453 Name of Person Area Code Daytime Telephone Number		
Division of Corporations SUBJECT: CAMPBELL'S FINANCIAL & INSURANCE SCRVICES, 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: Leslie George Lampbell Name of Person STRATEGY'S INSURANCE & FINANCIAL SCRVICES, LLC Firm/Company 3.759 NW 91st Lane Address Survise, Florida 33351 City/State and Zip Code Leslie George Campbell Or Government of future annual report notification) For further information concerning this matter, please call: Leslie George Campbell at 754, 245-8453 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$255.00 Filing Fee \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Filing Fee.		
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

·.,

Registration Section Division of Corporations 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'S FINANCIAL & INSURANCE SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

r 1

The Articles of Organization for this Limited Liability Compar	ny were filed on <u>FeDruary 11, 2016</u> and assigned
Florida document number <u>L 16000034185</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
STRATEGY'S INSURANCE & F. The new name must be distinguishable and contain the words Limited Lia	ability 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)	÷ 00 m
The special control of	
Enter new mailing address, if applicable:	••
(Mailing address MAY BE A POST OFFICE BOX)	
maning apparents mill be in took of the bond	6,52
registered agent and/or the new registered office address h Name of New Registered Agent:	office address on our records, enter the name of the new
New Registered Office Address:	
Trew Rogistered Office Plateress.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is
	⋰
If C	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>	Address	Type of Action	
		<u></u>	□ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	
	 		D-Remove-	
			Change O D'Add	
			☐ Remove	
			□ Add	
			□ Remove	
			☐ Change	
			Add	
			□ Remove	

_ Change

,			
,		-	
•			
			
		T0.	18 O
		: :	CI -
,			
			⊕—— Å ,``
		9.5	
Effect	tive date, if other than the date of filing:	(optional)	
(If an ef Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing of If the date inserted in this block does not meet the applicable statutory finent's effective date on the Department of State's records.	r more than 90 days after filing.) Put	
	ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on	the earlier of:
Dated	1 October 3 , 2018		
	1 October 3 , 2018 Laki S Cambell Signature of a member or authorized representation	tive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00