L16000091514

(Requestor's Name)
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A. RIVERS AUG 1 3 2023

COVER LETTER

TO: Registration Se Division of Cor		•		
Campaign1				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Elena Singh			
	 	Name of Person		
	Campaign180 LLC			
		Firm/Company	<u> </u>	
	12688 Classic Drive			
		Address		
	Coral Springs, FL 33071			
		City/State and Zip Code		
	support@c180.agency	(to be used for future annual report no	(Root ov	
For further information c	oncerning this matter, please c		meanony	
Gurtegh Singh		954 701-1998 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Campaign180 LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) (Company)
The Articles of Organization for this Limited Liability Company were	filed on 05/10/2016 and assigned
lorida document number L16000091514	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	26 5 -1
3. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the new register
gent and/or the new registered office address here:	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	ity Zio Code
()	av zavzoac

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 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
AMBR	Elena Singh	1200 Brickell Ave, Ste 800	= Add
		Miami, FL 33131	⊡Remove
			Change
		·	
			□Change
			□Add
		<u> </u>	⊡Remove
			□Change
			□Remove
			□ Remove
		, 	□Change
			DAdd
			□Remove
			(T) Change

	
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lote: If t	date, if other than the date of filing:
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	THE TOTAL
	Signature of a member or authorized representative of a member