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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: <u>Campbell Property Maintenance Services</u> , LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn Campbell
Shawn Campbell Campbell Property Maintenance Services LLC.
15485 SW 288th Street
Home Stead Florida 33033 City/State and Zip Code Shawn J Campbell @gmail-com E-mail address: (to be used for future lumual report notification)
For further information concerning this matter, please call:
Shawn Campbell at 305 414-4719 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our recor lorida Limited Liability Company) June 7,2016 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number 4 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address _ Florida _ City

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
		 	□Remove
			□Change
			□ Add
			□Remove

____ Change

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). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the	date, if other than the date of filing:
he record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	January 1st 2020
	Signature of a member or authorized representative of a member
	Shawn Campbell
	Typed or printed name of signee

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Filing Fee: \$25.00