

L16000141690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

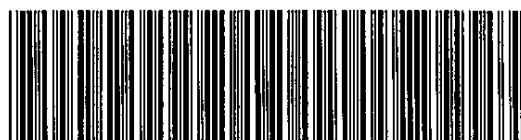
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 25 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campari Capital Group 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:

William Hirschy
Name of Person
Campari Capital Group LLC
Firm/Company
5100 SW 103rd St Rd
Address
Ocala, FL 34476
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hirschy at (352) 497-8001
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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

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Campari Capital Group LLC

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------------|--|
| AMBR | WILLIAM Hirschy | 5100 SW 103 rd St Rd | <input type="checkbox"/> Add |
| | | Ocala, FL 34476 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Shane Buffan | 155 Main St North | <input type="checkbox"/> Add |
| | | Uxbridge, ON | <input checked="" type="checkbox"/> Remove |
| | | L9P1K-9CA | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Eric Schindermann | 5100 SW 103 rd St Rd | <input checked="" type="checkbox"/> Add |
| | | Ocala, FL 34476 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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FLORIDA
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 OCT 24 PM 4:01

PAULEY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 19, 2016

Signature of a member or authorized representative of a member

WILLIAM T Hirsch
Typed or printed name of signee

Typed or printed name of signee