## L16000 166935

(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



900314375529

06/11/18--01627--001 \*\*25.00

SECRETARY OF STATE OF STATE OF CHROCK ATTORS

N COOP\*\*\*
JUN 13 2018

## **COVER LETTER**

TO <sub>4</sub> `	Registration Se Division of Cor			
SUBJECT:  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:  SEEMAS WHITE				
SUBJ	EC1:	Name of Lim	ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SEEMA S. WHITE		
			Name of Person	
		CAMPIO SERVICES, LL	C	
			Firm/Company	
		960 SW 113TH TERRACI	E	
			Address	
		PEMBROKE PINES, FL.3	33025	
			City/State and Zip Code	<del></del>
		JIMENEZACCOUNTING(		<del></del>
			to be used for future annual report notif	(cation)
For fu	rther information co	oncerning this matter, please ca	all:	
SEEM	MA S. WHITE		954 673-4132 at ()	-
	Name of	t Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>豆</b> \$2	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPIO SERVICES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L16000166935		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "ELC	
Enter new principal offices address, if applicable:		<b>18</b> 01VIS
Principal office address MUST BE A STREET ADDRESS)		
		<u>-</u> 951
		프 요시
Enter new mailing address, if applicable:		A 유무지
Mailing address MAY BE A POST OFFICE BOX)		· 22 2 元章
	·-	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		s, enter the name of the n
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
New Neglatered Office Piddress.	Enter Florida street addres	SS
	, F1	orida
	City	Zip Code

## 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RHOAN T. DAWSON	960 SW 113TH TERRACE	■ Add
		PEMBROKE PINES FL 33025	☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
<del></del>			
			Change
			Add
			☐ Remove
			Change
	<u> </u>		
			☐ Remove
			□ Change

<del>-</del>						
	- <del>,</del>				<u> </u>	
<del></del> .		<del></del>		·		
			<del></del>	<u> </u>		
				<u> </u>		
						<b>3</b> ≥ 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2
						NOC SECURITY OF SE
						= =====================================
	<del>.</del>				· .	A CRES
	<del></del>				<del> </del>	- <del></del> 2
						26 26
<u> </u>						
ffective date, if other than the an effective date is listed, the date me	e date of filing:	:		(op	otional)	
Note: If the date inserted in this blocument's effective date on the I	lock does not me	eet the applica	o date of thing o ble statutory fi	r more than 90 days a ling requirements,	his date will not	to 605,020 be listed as
e record specifies a delaye		ate, but not	an effective	e time, at 12:0	l a.m. on the	earlier o
The 90th day after the re-	cora is filed.					
MAY 17TH		2018				
100/	<u></u> .		_			
$\kappa$ $I$ $V$ $I$ $\Lambda$ $I$ $I$ $\Lambda$ $I$ $I$ $\Lambda$	<del>(                                    </del>			ive of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee