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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	· CT·	Oldham & D. Name of Lin	elcamo LLC	
30001		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Jack Delcamp Name of Person	
			Name of Person	
			Oldham & Delca Firm/Company	mp, Lcc
			4970 Park Blvd. 1	
			Address	
			Pinellas Park, FL City/State and Zip Code	. 33781
		E-mail address:	Jack Colchange (to be used for future annual	Icamp Com report notification)
For fur	ther information co	oncerning this matter, please o	all:	
	Jack	- Deleamp	at (at	201-5458
	Name of	f Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
Ø\$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of Status &
	Mailing Address		Street Ac	
	Registration S Division of C			ation Section n of Corporations
	P.O. Box 632	•		ntre of Tallahassee
	Tallahassee, F	FL 32314		. Monroe Street, Suite 810 ssee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	\$ Delcamo 116
Oldham	\$ Delcampille
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now annears on our records.)
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ne Articles of Organization for this Limited Liability Company	were filed on 1/3/2017 and assigned
orida document number <u>L 17 00000 1476</u>	,
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabi	ility company here:
Oldham & Delcamp, PLLC	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	N/A
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	N/A
failing address MAY BE A POST OFFICE BOX)	
	-
If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new register
ent and/or the new registered office address here:	
	.1.
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A
	Enter Florida street address
	Florida
	, Florida

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 = M $AMBR = A$	Ianager Authorized Member	· · · ·	
<u>Title</u>	Name	Address 2022 APR 29 AM 7: 39	Type of Action
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