## 1170000 98885

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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2019 (23.15) PM 2: 00

Amendhear

APR 18 2019 I ALBRITTON

## **COVER LETTER**

	stration Secti ion of Corpo			
SUBJECT: _	Kaci	and kodi	UC	
		Name of Limi	ted Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are subt	nitted for filing.	
Please return a	ill correspond	ence concerning this matter (	to the following:	
		Kaci (	'ampbell	
			Name of Person	
		<u>kacı</u> ara	Codi LCC Firm/Company	
		973 mi	Sarass CIV	
		west me	Lourne FC	32904/
		Kaci Camp	Univisiale and Zin Code	LPHY@gmail.com
For further inf	ormation con	cerning this matter, please ca	ılt:	
<u> Kac</u>	Name of Po	mpbell erson	at (720) 930 Area Code Daytim	9 _ 9 US T the Telephone Number
Enclosed is a c	check for the I	following amount:		
\$25,00 Fil	ing Fec	□ \$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

## TO ARTICLES OF ORGANIZATION OF

Kau and Kodi L	LC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000098885</u> .	were filed on _	5 3 17	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile CAMPDOLI LUCTURE new name must be distinguishable and contain the words "Limited Liabile"	$\subset$		reviation "L.L.C"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>	· .	2019
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		n our records, <u>enter t</u>	he name cof the ne
Name of New Registered Agent:	<b>::</b>		
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			• •

If Changing Registered Agent, Signature of New Registered Agent

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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kodi Snarson	799 wild briar Roll	<u> </u>
		Unit 306 Palm Bay FL 32905	Q Remove
		Palm Bay FL 32905	Change
	<del> </del>		□ Add
			Remove
			Change
	<del></del>		
			Remove
			Change
	<del></del>		□ Add
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			Change
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		<del> </del>	🗆 Remove
			Change
			🗆 Add
			Remove
			□ Change

. 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 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.
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 March 28th 2019
Dated WWYCY 28 2019
Signature of a member or authorized representative of a member
Kaci Campbell Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00