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(Re	equestor's Name)	
	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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A. BUTLER
MAY - 4 2022

COVER LETTER

	ation Sect n of Corp				
Ca	mp Osprey	, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Alvin Gary Bembry			
			Name of Person	_	
		Camp Osprey, LLC			
			Firm/Company		
		18050 S. US HWY 301			
			Address		
		Wimauma Florida, 33598	71001000		
			City/State and Zip Co	ode	
		Info@camposprey.com	,		
		E-mail address; (to be used for future ann	nual report notific	ation)
For further infor	mation co	neerning this matter, please co	all:		
Alvin Gary Ben	nbry		941 at ()	928-6860	
	Name of	Person	Area Code	Daytime T	elephone Number
Enclosed is a cho	eck for the	following amount:			
₹ \$25.00 Filin	ig Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	<i>y</i>	☐ \$60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)
	g Address	-		t Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations			
	30x 6327			Centre of Tal	
	assee, F		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 11 PH 3: 21

CAMP OSPREY, LLC

(Name of the Limited Liability Company as it now appears on our reords) (A Florida Limited Liability Company)

TALLARIS, CORES, F. ...

The Articles of Organization for this Limited L Florida document number L17000170711		were filed on 08/10/2017	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18050 S.HWY 301		
		WIMAUMA FLORIDA		
Trincipal office dadress meet be ASTREET		33598		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 254		
		PARRISH FLORIDA		
		34219		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street addre.	NN .	
		, FI	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 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
AMBR	Jane Eatmon	1730 Council Dr;	□Add
		Sun City Center, FL 33573	≡ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
		,—————————————————————————————————————	□Change
			□Add
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C	Organization for Camp Osprey, LLC as she no authority for the business.
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ite:	ve date, if other than the date of filing:
econ is fil	I 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 ed.
ted	April 8th 2022. Alex Hay Bridge representative of a member Signature of a member or authorized representative of a member
	Wen Sam Bridge

Filing Fee: \$25.00