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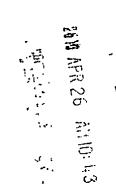
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

ro: Registration Section Division of Corporations	
SUBJECT: Campbell Floor & Trim LLC  Name of Limited Liability Company	The Property Co.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	6
Please return all correspondence concerning this matter to the following:	
Tyler Campbell  Name of Person	
Firm/Company	
· 285 (2mpbell Ranch Run Address	
City/State and Zip Code  Carrobell+93@ Jaha Com  E-mail and ress: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tyler Campbell at (407) 947-8796  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee & \times \\$55.00 Filing Fee & \times \\$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy	of Status & Ppy

MAILING ADDRESS:

TO:

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 ARTICLES OF ORGANIZATION **OF**

Campbell	Floor	t Trim	LLC	
		s it now appears on ( lity Company)		
The Articles of Organization for this Limited Liabil Florida document number \(\L\)1700\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lity Company wer	re filed on $\frac{8}{2}$	27/17	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability	company here:		
The new name must be distinguishable and contain the words	S Limited Liability C	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)	285 (an	sprew ran	ich kw
		Geneus	72 327	3.5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>			
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office	~	address on our	records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Tyl	er Sarub	Campbe	.(
New Registered Office Address:	735	Enter Florida st	Parch Re	<u> </u>
_	Gene	V.2	, Florida	32732 Zip Code
		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, Signato

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
			Change
	<del> </del>		
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Effecti	ve date, if other than the date of filing: 4/25/19 (optional)
lf an effe	ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
The	
The	
The	
The	April 22 , 2019
The	
The	April 22 . 2019

Page 3 of 3

Filing Fee: \$25.00