## 1300004451

| (F                     | Requestor's Name)       |          |
|------------------------|-------------------------|----------|
| (A                     | Address)                |          |
| ()                     | Address)                |          |
| (0                     | City/State/Zip/Phone #) |          |
| PICK-UP                | ☐ WAIT                  | MAIL     |
| (E                     | Business Entity Name)   |          |
| ])                     | Document Number)        |          |
| Certified Copies       | Certificates of S       | Status   |
| Special Instructions t | to Filing Officer:      |          |
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Office Use Only



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## **COVER LETTER**

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| TO: Registration So<br>Division of Cor  | ection<br>porations  |  |                  |
|---|--|--|------------------|
| CAMPINS   | COACHING, LLC  |  | Z                |
| SUBJECT:  | Name of Limit  | ed Liability Company   |                  |
|   | Amendment and fee(s) are submondence concerning this matter to | -  |                  |
| ·   | KATRINA CAMPINS  |  |                  |
|   | <del> </del>   | Name of Person   |                  |
| ii.115: 00  | FORMERLY CAMPINS CO  | DACHING LLC, NOW KATRINA CAMPINS LLC   |                  |
|   |  | Firm/Company   |                  |
|   | 10166 NE 12TH AVENUE   |  |                  |
|   | ·  | Address  |                  |
|   | MIAMI SHORES, FL 33138   |  |                  |
|   | -  | City/State and Zip Code  |                  |
|   | HELLO@KATRINACAMPI   | NS.COM be used for future annual report notification)  |                  |
| For further information c   | oncerning this matter, please cal                              |  |                  |
| KATRINA CAMPINS   | 0  | 786 493-5652<br>at ( )   |                  |
| Name o  | f Person   | Area Code Daytime Telephone Number   |                  |
| Enclosed is a check for th  | ne following amount:   |  |                  |
| □ \$25.00 Filing Fee  | ☐ \$30.00 Filing Fee &<br>Certificate of Status                |  | e of Status &    |
| thereby P   | ADE YOU M<br>DEPOSITE  | (additional)   | copy is enclosed |
| Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                                    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303 | 10               |

RECEIVED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPINS COACHING LLC

2020 // 213 PK 5: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/05/2018}{1}$ and assigned Florida document number L18000004451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KATRINA CAMPINS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 435 NE 86TH ST Enter new principal offices address, if applicable: EL PORTAL, FL 33138 (Principal office address MUST BE A STREET ADDRESS) 10166 NE 12TH AVENUE Enter new mailing address, if applicable: MIAMI SHORES, FL 33138 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: CAMELIA CAMPINS-ADAMS Name of New Registered Agent: 10101 LAKE JULIA CIR New Registered Office Address: Enter Florida street address ODESSA City

## 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.

f 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 COLETTO, FRANKIE | COLETTO, FRANKIE | 10882 SW 153 AVE |                 |
|                      |                  | MIAMI, FL 33196  | ■Remove         |
|                      |                  |                  | □Change         |
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| an eff<br>lote: | (optional) ective date, if other than the date of filing:   |
| recor<br>Lis fi | d 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 led. |
| ated            | MARCH 25 , 2020 .   |
|                 | Signature of a member or authorized representative of a member  |
|                 | KATRINA CAMPINS   |
|                 | The REPORT OF SUPERIOR OF THE   |