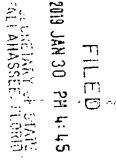
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UNINO S. PRATHER

## **COVER LETTER**

4.

Division of Cor	porations		
SUBJECT: Cam	pa's Carpent	ry Service	<del></del>
	Name of Lum	ned Clabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Migue	Angel Can Name of Person  Greatly Se Firm/Company	189
	(ampas (	arpentry Se	rvices
	25/0 Bai	ner man 1	ane_
	Tallahas	City/State and Zip Code	312
		to be used for future annual report notific	
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$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

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

(ampas Carpe	iability Company as it now appears on our	
(Name of the Limited L (A F	iability Company as it now appears on outlorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L1800043</u> States This amendment is submitted to amend the following	502	JAMASSEE, FL
A. If amending name, enter the new name of the	elimited liability company here:	03.74 0.74 0.74 0.74 0.74 0.74 0.74 0.74 0
The new name must be distinguishable and contain the words	"Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the new</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida stre	ret address
<u>-</u>		, Florida
	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, 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>Address</u> Type of Action <u>Title</u> Name 15iah Blanks 1747 Capital (incle Wadd gp Dt. 1422 Talkhasse FL. 32308 AMBR ☐ Change \_\_\_ 
Remove \_\_\_\_ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Change

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ective date, if other than the di- effective date is listed, the date must be	ate of filing:	J	_ (optional)	nt to 605 021
e: If the date inserted in this block	e specific and cannot be prior to k does not meet the applicab	le statutory filing requirem	ents, this date will no	t be listed a
ument's effective date on the Depa				
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Filing Fee: \$25.00