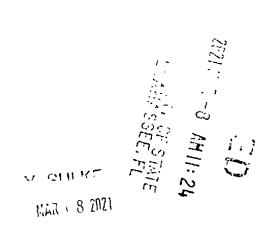


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ied Copies Certificates of Status
cial Instructions to Filing Officer:
Office Use Only



03/08/21--01007--024 **30.00



COVER LETTER

Division of Corpo			
SUBJECT: Camp		try Service	Suc
	Name of Gam	ted blacking company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		_	
	Migue	Name of Person	
	~ ~~ ~ / ~	Firm/Company	
	3510	Banner ma	an lane
	11	Address	7 7 2 1 7
	- 1911	ghassec, TL.	32312) Ahoo. Com
	Maicha	City/State and Zip Code) (A la 0) a) . (a a a
	E-mail address: (t	o be used for future annual report notifi	ication)
for further information con	cerning this matter, please ca		
ANTAGEL	Ciamos	a<0. 277	- 700<
Name of F	Person	at (BSO) 322 Area Code Daytime	Telephone Number
inclosed is a check for the	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)
<u>Mailing Address:</u> Registration Se	ection	Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Y Company as it now appear Limited Liability Company)	s on our records.		_	
he Articles of Organization for this Limited Liability Co			?0/8 an	d assig	med
lorida document number <u>A L180000 4350</u>	02				,
	_				
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limi	ted liability company he	ere:			
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the d	esignation "LLC" or th	ne abbreviati	on "L.L.	.C."
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	(ESS)		_		
					
ter new mailing address, if applicable:					
ailing address MAY BE A POST OFFICE BOX				~?	
				<u>:</u>	
If any and it is the supplementation of the s	l .65	ananda ankankha			
If amending the registered agent and/or registered and/or the new registered office address here:	i office address on our r	ecorus, <u>enter the 1</u>	same or th	e new	registere
			<u> </u>		faren. B n 1
Name of New Registered Agent:			<u> 고급</u>		
New Registered Office Address:			1	+	
New Registered Office Address.	Enter Flo	rida street address	<u> </u>		
		, Florida	1		
	City	 -	Zip	Code	
Registered Agent's Signature, if changing Registered	d Agent:				
eby accept the appointment as registered agent of		capacity. I further my duties, and I d	am familia	ir with	

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>ïtle</u>	<u>Name</u>	Address	Type of Action
	Robert Garza Jr		🗆 Add
			ERemove
			□Change
Bh	Michael C. Duhart	345 Acc high stables rd.	OFAdd
			Remove
			□Change
			□Add
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ffect If	e date, if other than the date of filing:
ilec	
i _	3-8-21
	3-8-21 Mayeel Cowya. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

D.

Filing Fee: \$25.00