## L19 000009554

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

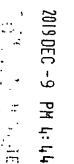
Office Use Only

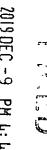


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## **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT	Diane Camp			
SUBJECT	:		ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Michael Campbell		
			Name of Person	
		Diane Campbell, LLC		
			Firm/Company	<del></del>
		12020 Shadowbrook Ln		
		<del></del>	Address	
		Orlando, FL 32828		
		mike@mikec.eo	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	eation)
For further	information co	ncerning this matter, please ca	ıll:	
Michael C	ampbell		407 747-1212 at()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for the	e 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 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

Diane Campbell, LLC (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 January 8, 2019 and assigned Florida document number \_L19000009554 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Campbell	12020 Shadowbrook Ln Orlando, FL 32828	<b>∃</b> Add
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	Dampreens		
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			Change
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		<del>-</del>	☐ Remove
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effective dat <u>e:</u> If the da	e, if other than te is listed, the date ate inserted in the fective date on the	: must be specific is block does n	c and cannot be not meet the ap	prior to date of fil pplicable statute	ing or more than	(optional) 90 days after filing. ements, this date	.) Pursuant to 605.020 will not be listed a.
	ecifies a dela day after the			t not an effe	ctive time, a	t 12:01 a.m.	on the earlier o
ed <u>1</u> 2	2/1/19		<u> </u>	·			
			$\wedge$	$I \cap$			

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Typed or printed name of signee

Filing Fee: \$25.00