

L20000005391

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

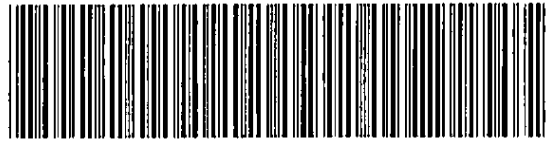
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01/31/24--01002--022 **60.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: .CAMPUS REMIX LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAKIR GOODRICH

Name of Person

CAMPUS REMIX LLC

Firm/Company

7901 4TH ST N SUITE 4000

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

thecrmxplan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKIR GOODRICH

908 9671825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CAMPUS REMIX LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We just need in writing that Shariah Goodrich and Shakir Goodrich both are owner of Campus Remix LLC

We want this to be a multi person LLC.

We are adding Shariah Goodrich's name to the LLC.

If you need to list Shariah Goodrich as a MGR for this to be completed then do so or list her as the same title that Shakir Goodrich has.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 22, 2024



Signature of a member or authorized representative of a member

SHAKIR GOODRICH

Typed or printed name of signee