120000005391

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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor	ection rporations		
	REMIX LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	. -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	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	to be used for future annual report n	otification
For further information of	concerning this matter, please c		·····
SHAKIR GOODRICH		908 9671825	
Name o	of Person	at () Area Code Day1	time Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		Street Address: Registration S	
Division of C	Corporations	Division of C	orporations
P.O. Box 632	27	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPUS REMIX LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the nar</u> <u>here</u> :	ne of the new registered
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
Enter new mailing address, if applicable:		· :
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new principal offices address, if applical	ble:	•
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
A. If amending name, enter the new name of t	the <u>limited liability company here</u> :	
This amendment is submitted to amend the follow	ving:	
Florida document number L20000005391		
The Articles of Organization for this Limited Lial	bility Company were filed on December 26, 2019	and assigned

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 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>	Name	Address	Type of Action
OWNER/MGA	SHARIAH GOODRICH	3501 ross ave apt 2039 Dallas, TX 75204	• Add
			□Remove
		- <u>-</u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		□Add	
		□Remove	
		□Change	
			□Add
			□Remove
			Change

We want this to be a multi pe	erson LLC.
We are adding Shariah Goo	drich's name to the LLC.
If you need to list Shariah G	podrich as a MGR for this to be completed then do so or list her as the same
title that Shakir Goodrich has	S.
·	
	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	ate of filing:
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2024

Filing Fee: \$25.00

Typed or printed name of signee