## L200000 24434

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## **COVER LETTER**

Divi	sion of Corp	orations				
SUBJECT:	CAMP CEN	TRAL RV PARKS, LLC				
SOBJECT.		Name of Limi	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Andrew Reiff				
			Name of Person			
		Andrew L. Reiff, P.A.				
			Firm/Company	· · · ·		
		135 W. Central Blvd. Suite	2 730			
			Address			
		Orlando, FL 32801				
			City/State and Zip Code		,	
		AReiff3566@aol.com				
		E-maii address: (1	to be used for future annual report notific	ation)	, 2	
For further in	iformation coi	ncerning this matter, please ca	all:		020 TA	
Andrew Reif			407 423-8183		2020 AUG TO	ban, tar
	Name of I	Person	Area Code Daytime	Telephone Number	5	~
						્ર <sup>ાક</sup> ન્યુ
Enclosed is a	check for the	following amount:			ထ္	المسابة
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address: 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 C (A Florida Liability)	Company as it now appears on our records mited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Conlorida document number L20000084434	npany were filed on March 18, 2020	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
the new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	
nter new principal offices address, if applicable:		020 A
Principal office address MUST BE A STREET ADDRES	SS)	AS G
		5 5
nter new mailing address, if applicable:		8
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	f
		orida
	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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles J Trail	821 N 27th St. #333	□Add
		Billings, MT 59101	■Remove
			□ Change
MGR	George Branton	1015 Dundee Rd.	<b>≣</b> Add
		Dundee, FL 33838	□Remove
			Change
			□Add
			Remove  2020 Companye
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Filing Fee: \$25.00