L-2000014467

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Sunshine State Corporate Compliance Company

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		**WALK
ENTITY NAME CAM	P CORONA LLC	
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	Certificate of Good Standing **APOSTILLE' / NO. VATION CATES REQUESTED	

COVER LETTER

	na LLC					
Division of Corporations Camp Corona 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: Megan Fuentes Name of Person ZenBusiness PBC Firm/Company 5900 Balcones Dr. Suite 5000 Address Austin. Texas. 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Megan Fuentes Name of Person Read Again Elephone Number Enclosed is a check for the following amount:						
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing				
	Megan Fuentes					
		Name of Person	·			
	ZenBusiness PBC		for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at () Area Code Daytime Telephone Number \$55.00 Filing Fee & Certificate of Status & Certificate of Status &			
		Firm/Company				
	5900 Balcones Dr. Suite 50	000	ime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy			
		Address				
The enclosed Articles of Amendment and fee(s) at Please return all correspondence concerning this Megan Fuentes ZenBusiness PBC 5900 Balcones Dr. St. Austin. Texas. 7873 fulfillment@zenbusin E-mail ad For further information concerning this matter, pl. Megan Fuentes	Austin, Texas, 78731					
		City/State and Zip Code				
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			tification)			
For further information c	oncerning this matter, please c	all:				
Megan Fuentes		_				
Name o	f Person		me Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Mailing Address Registration S	Section	Street Address: Registration Se				
Division of C P.O. Box 632	•	Division of Co The Centre of	-			
Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camp Corona LLC		
(Name of the Limited 1 (A 1	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L20000144677		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h	stered office address on our records, <u>enter the na</u> <u>ere</u> :	me of the new registered
Name of New Registered Agent;		<u> </u>
New Registered Office Address:	Enter Florida street address	<u> </u>
_	Florida	3 3
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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, <u>enter the title, name, and address of each person being addedor removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brett Elpert	6103 Aqua Avenue	≅Add
		Apt 404	□Remove
		Miami Beach, FL 33141	
AMBR	Tyler Elpert	6103 Aqua Avenue	
		Apt 404	
		Miami Beach, FL 33141	
			□Remove
			□Change
			□Add
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Note:	tive date, if ffective date is If the date in ment's effection	inserted in th	is block does	s not meet	the applica	able statut	ling or more ory filing re	than 90 days af equirements, t	tional) ler filing.) F his date w	ursuant to 605. Il not be liste	0207 (3 d as th
he recor ord is fi		ı delayed effe	ective date, b	out not an e	effective ti	me, at 12:	01 a.m. on	the earlier of:	(b) The !	90th day after	the
	December '	9			020						
Dated											
Dated	/s/ (Corey Austi									
Dated	/s/ (Corey Austi		e of a memi	ber or autho	orized repre	sentative of	a member			

Filing Fee: \$25.00