

K21 000 160 185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

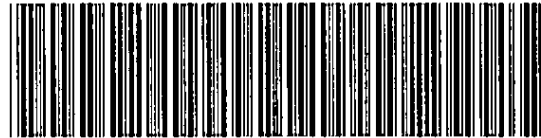
(Document Number)

Certified Copies _____ Certificates of Status _____

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07/15/21--01017--003 *25.00

CLERK OF COURT
JULIA A. SHELTON, CLERK
TALLAHASSEE, FL

2021 AUG 20 PM 2:08

FILED

D. BRUCE
AUG 31 2021

8/16/2021

Florida Department of State |
Division of Corporations
Subject: Camp Hemp LLC
Ref#: L21000160185

To whom it may concern, See attached signed form to remove Marc Finch from the Camp Hemp LLC. I did send in a check to pay for it however it was not attached to the letter that was sent to me. Will they use the check I sent in the amount of \$25.00? Or do I need to resend one?

Should you have any questions I can be reached at 754-423-5433

Have a wonderful day
Ashley

FILED
2021 AUG 20 PM 2:08
SECRET
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2021

ASHLEY GONZALEZ
2635 KEEN RD
FORT PIERCE, FL 34936

SUBJECT: CAMP HEMP LLC
Ref. Number: L21000160185

We have received your document for CAMP HEMP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call, (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 821A00018607

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2021 AUG 20 PM 2:03

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

Camp Hemp LLC

SUBJECT: _____
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:

Ashley Gonzalez

Name of Person

Firm/Company

2635 Keen Rd

Address

Fort-Pierce, FL 34936

City/State and Zip Code

ashleygashleyg@yahoo.com

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

For further information concerning this matter, please call:

Ashley Gonzalez

754

423-5433

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
241 E. Main St., Suite 200
Tallahassee, FL 32301

2021 AUG 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Camp Hemp 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 None and assigned
Florida document number L21000160185.

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 "L.L.C."

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

Florida

City

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2021 AUG 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE

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>	<u>Address</u>	<u>Type of Action</u>
	Marc Finch	5777 99th Avenue Cir E, Parrish, FL 34219-4441	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

FILED
2021 AUG 20 14:23:08
FBI
TALLAHASSEE, FL

2021 AUG 20 PM 2:00
SECRET//NOFORN//NF
TALLAHASSEE, FL

FILED
2021 AUG 20 PM 2:08
SECURITY DIVISION
TALLAHASSEE, FL

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

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.

Dated 8/16. 2021

[Signature]

ASHLEY GONZALEZ
Typed or printed name of signee