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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPGROUND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 16 2022

K. Brumbley

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If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPGROUND, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L21000182168</u>	were filed on 04/27/2021_	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		22
		- 5 三之
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Intuining dualess may be a rost of rice bony		· +9
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, e	
	Enter Florida street a	duress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	***	,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	Matthew Gillespie	1499 S. FEDERAL HWY S142	
		BOYNTON BEACH, FL 33435	≣ Remove
			Change
			□Add
			Remove
			Change
			□Add
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