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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			* ************************************		
		i. Campbell, LLC		' '		
SUBJ	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Donald Campbell				
			Name of Person			
		Donald A.G. Campbell, LI	.c			
Firm/Company						
		2250 Beachcomber Trail		'		
			Address			
		Atlantic Beach, FL. 32233				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City/State and Zip Code			
		doncampbell18@gmail.com	to be used for future annual report not	oi Caracian)		
For fu	rther information c	oncerning this matter, please co		ancanon)		
Donald Campbell		904 993-7625 at ()				
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclos	sed is a check for th	ne following amount:				
≅ \$ 2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50		

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

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

Donald A.G. Campbell, 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 $\frac{06/23/2021}{}$ and assigned Florida document number 500368804045 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

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>	Type of Action
MGR	Donald Campbell	2250 Beachcomber Trail	≘Add
		Atlantic Beach, FL. 32233	
			Change
			□ Remove
			☐Change ☐Add ☐Remove
			□Remove
		 	□ Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and of the life that inserted in this block does not me ument's effective date on the Department of States.	annot be prior to et the applicab				ing.) Pursu	
cord specifies a delayed effective date, but not a s filed.	n effective tim	e, at 12:01 a.π	n. on the earl	ier of: (b)	The 90th	day after t
ed 06/24	2021	_·				
Signature of a ma	7					

Filing Fee: \$25.00