k22000013606

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2022 MAR II PH 3: 54
CECRETARY OF STATE

A. BUTLER MAR 2 3 2022

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Campo Line	n Service	LIC.		
	Name of Lir	nited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ndence concerning this matter	r to the following:			
	F	2 au Carr Name of Person	<u> </u>		
	<u>Camj</u>	b linen Firm/Company	Service		
			Lane		
			34221		
	los G E-mail address:	ampo 7 @ gr (to be used for future annu	mail. Com ral report notification)		
For further information co	oncerning this matter, please o	cail:			
Raul Name of	Campo	at (<u>941</u>) Area Code	320 - 8813 Daytime Telephone Number		
Enclosed is a check for th	ne following amount:				
¥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is e	Certificate of Status &		
Mailing Address: Registration Section Division of Corporations		Regis Divisi	Street Address: Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cami	po linen	Service	۱۱(2022 MAR 11 PM 3:5	
(Name of the Li	mited Liability Compar (A Florida Limited L	ny as it now appears liability Company)	on our records.)	TALLATING OF STAT	
The Articles of Organization for this Limited	Liability Company	were filed on	01/05/2	o22 and assigned	
Florida document number <u>L22000</u> C	13606		' /		
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	e of the limited liabi	lity company her	<u>re</u> :		
The new name must be distinguishable and contain the	ne words "Limited Liabili	ity Company," the des	signation "LLC" c	or the abbreviation "L.L.C."	
Enter new principal offices address, if app	olicable:				
(Principal office address MUST BE A STR.	EET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	<u>TE BOX)</u>				
B. If amending the registered agent and/o agent and/or the new registered office add	ζ.	ddress on our re	cords, <u>enter th</u>	e name of the new registe	
Name of New Registered Agent:					
New Registered Office Address:					
-		Enter Florida street address			
			, Flor		
		City		Zip Code	
New Registered Agent's Signature, if changin					
I hereby accept the appointment as registe provisions of all statutes relative to the pr accept the obligations of my position as re being filed to merely reflect a change in the company has been notified in writing of the	oper and complete egistered agent as p he registered office	performance of n provided for in Cl	ny duties, and hapter 605, F.	I am familiar with and S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent



RECEIVED

2022 MAR | | AM | |: 40

SECRETARY OF STATE TALLAHASSEE, FL

March 2, 2022

RAUL CAMPO 4707 LINDEVER LANE PALMETTO, FL 34221

SUBJECT: CAMPO LINEN SERVICE LLC

Ref. Number: L22000013606

We have received your document for CAMPO LINEN SERVICE 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):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 122A00005048