L22000033792

(Requestor's Name)
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COVER LETTER

	egistration Se ivision of Cor				
O Line Line Com-		NE CAMPO LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	m all correspon	ndence concerning this matter	to the following:		
		JACQUELINE CAMPO			
			Name of Person		
		JACQUELINE CAMPO L	LC		7.0
		·	Firm/Company		
		16001 NW 87 CT			2571, FEB - 2
			Address		
		MIAMI LAKES FL 3301	8		
			City/State and Zip Code	_	
		JCAMPOCABALLERO@0			
			to be used for future annual	report notification)	
For further	information ec	pneerning this matter, please co	ill:		
JACQUEL	INE CAMPO		305 976	04932	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACQUELINE CAMPO LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Company Florida document number L22000033792	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NO MORE DUST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1912 WELLINGTON ST	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34120	- T.E 2
Enter new mailing address, if applicable:		100 E
(Mailing address MAY BE A POST OFFICE BOX)		· 7:1 -1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		<u>. </u>
New Registered Office Address:	Enter Florida street address	ŗ
	Flo	orida
	City	Zip Code

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 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>	Address	Type of Action
AMBR	MONICA MESA	1912 WELLINGTON ST	≣ Add
		NAPLES FL 34120	□Remove
			Change
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			□ Remove
			□Change □Change
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			☐ Remove ☐ Change
			
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fective date, if other tha	in the date of filing:			(ontional)	
fective date, if other than in effective date is listed, the di ote: If the date inserted in	ate must be specific and ca	unnot be prior to date o	filing or more than 90 da	ys after filing.) Pursuant	to 605,020
cument's effective date on	the Department of Stat	te's records.	mory ming requiremen	us, ims date will not b	e listed a
ecord specifies a delayed e is filed.	Rective date, but not an	reffective time, at 1	2:01 a.m. on the earlier	r of: (b) The 90th day	y after th
1/29 .ted		2024			
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Typed or printed name of signee