

Florida Department of State
 Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

****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
HANDMADE CAMPO LLC

Certificate of Status	0
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C. BRUMBLEY
MAY - 4 2022

2022 MAY - 3 PM 3:04

2022 MAY - 3 PM 2:48

APPROVED
AND
FILED

COVER LETTER

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**TO: Registration Section
Division of Corporations****SUBJECT: HANDMADE CAMPO LLC**

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:

DANIELLA SANTANA

Name of Person

SALVER & COOK LLP

Firm/Company

2721 EXECUTIVE PARK DRIVE, SUITE 4

Address

WESTON, FLORIDA 33331

City/State and Zip Code

D.SANTANA@PSCCPAS.COM

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

For further information concerning this matter, please call:

DANIELLA SANTANA

954 3891333
at ()
Area Code Daytime Telephone Number

Name of Person

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 32314**Street Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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HANDMADE CAMPO 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 03/17/2022 and assigned Florida document number L22000134838

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 "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2721 EXECUTIVE PARK DRIVE

SUITE 4

WESTON, FLORIDA 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2721 EXECUTIVE PARK DRIVE

SUITE 4

WESTON FLORIDA 33331

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

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	RUMIANI, MARTIN A	2721 EXECUTIVE PARK DRIVE, SUITE 4	<input type="checkbox"/> Add
		WESTON FLORIDA 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JANZA SIDERS, ELIZABETH S	2721 EXECUTIVE PARK DRIVE, SUITE 4	<input type="checkbox"/> Add
		WESTON FLORIDA 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CHICOU, SEBASTIAN	2721 EXECUTIVE PARK DRIVE, SUITE 4	<input type="checkbox"/> Add
		WESTON FLORIDA 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 01 2022

Signature of a member or authorized representative of a member

JANZA SIDBERS, ELIZABETH S

Typed or printed name / signature

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