L22000343772

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Sasiness Link) Name, |
| (Decument Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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| C | OVER LETTER |
|---|---|
| TO: Registration Section Division of Corporations | |
| SUBJECT: Camcon Contraction Name of Limite | tors LLC d Liability Company |
| The enclosed Articles of Amendment and fee(s) are submit | itted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| <u>Dax</u> | A Campbell Name of Person |
| Camcon | Contractors LLC Firm/Company |
| 103 Bay br | idge Dr Address |
| Guf Breez dax@camcor E-mail address: (to | City/State and Zip Code 11 C . Com be used for future annual report notification) |
| For further information concerning this matter, please call | 1: |
| Dax Campbell Name of Person | at (850) 698 - 4153 Area Code Daytime Telephone Number |
| Brenda Wanjiru Enclosed is a check for the following amount: | 850 - 748 - 7273 |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Paid. 01/25/2024 check | 1135 |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on our records.) bility Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000343772</u> . | rere filed on 01/25/2024 and assigned 08/04/2022 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ty company here: |
| Camcon Builders LC The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 103 Bay Bridge Dr Gulf Breeze, FL 32561 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O BOX 312 32562 |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | BRIDGE DQ. Enter Florida street address |
| Suit By New Registered Agent's Signature if changing Registered Agents | Cin Slorida FL 37562_ |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is |

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> | Address | Type of Action |
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