## L22000436825

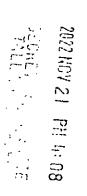
(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJEC	campbell es	state L.L.C.				
SOBSIA	C1	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	<del>-</del>			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Filing Angela				
			Name of Person			
		ZenBusiness, Inc.				
		<del></del> ,	Firm/Company	•	.,.	~2
		5511 Parkerest Drive, STI	E 103		で記される	2022 KOY
			Address		:   111	2 A0
		Austin, TX 78731				<del>-</del> 0
			City/State and Zip Code			
		fulfillment@zenbusiness.co	om to be used for future annual report notific	ations	·	: 08
For furth	ner information c	oncerning this matter, please co	,		, ,	
Filing A			844 493-6249			
	Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclosed	Lis a check for th	ne following amount:				
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified ( (additional c	e of Stat Copy	
		ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

campbell estate L.L.C.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>(15.</u> )
The Articles of Organization for this Limited Liability Company were filed on 10/10/2022  Florida document number 1.22000436825		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2002
		2 2
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		s, enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	-	
	Enter Florida street addre:	NN .
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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Sective date, if other than the done effective date is listed, the date must be tea. If the date inserted in this block cument's effective date on the Dep	specific and cannot be prior to k does not meet the application	o date of filing or more t ble statutory filing rec	(optional han 90 days after filing quirements, this date	g.) Pursuant to 605	5.02 ed a
record specifies a delayed The 90th day after the recor	effective date, but not rd is filed.	an effective time	e, at 12:01 a.m.	on the earlie	er :
ed November 11	. 2022	_ ·			
/s/ treyvon	caruthers				

Page 3 of 3

Filing Fee: \$25.00