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COVER LETTER

TO: Registration Se Division of Cor				
OLD FLOR	RIDA CAMP, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Holly Horton			
		Name of Person		
	OLD FLORIDA CAMP, I	LLC		
		Firm/Company		. ~
	5115 Silo Rd			2023 MER 24 PEL 1: 35
		Address		77: 22
	St Augustine, Fl 32092			
		City/State and Zip Code		•
	hhorton55@yahoo.com			
	E-mail address: (to be used for future annual report no	tification)	ξ. Ο
For further information c	oncerning this matter, please c	all:		
Holly Horton		904 207-1391 at ()		
Name o	i Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for ti	ne following amount:	*, •		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
<u>Mailing Addres</u> Registration S	*****	<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of		
Tallahassee 1	FI 32314	2415 N. Monro	be Street, Suite &1	; ()

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD FLORIDA CAMP, LLC		_
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 3/16/2023	and assigned
Torida document number L23000136576		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	thry Company," the designation "LL	C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		表 2 mm
Tukan mana maitima addanna if amplicables		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, F	l orida Zip Code
	Ciù.	гар Соае

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
MGR	Holly Horton	5115 Silo Rd, St Augustine, Fl 32092	≘ Add
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ffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to ock does not meet the applical	date of filing or more t	(optional) han 90 days after filing quirements, this date	.) Pursuant to 60	05.0207 sted as
record specifies a delayed effectiv d is filed.	re date, but not an effective tim	se, at 12:01 a.m. on t	he earlier of: (b) Ti	ne 90th day af	ler the
Pated April 8th	2023				
Hail H	Signature of a member or author	- <i>'</i>			
					