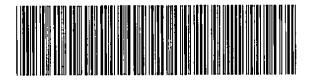
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(Requestor's Name)				
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PICK-UP	MAIT WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Certified Copies				
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Special Instructions to	Filing Officer:			
		}		
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Office Use Only

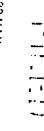


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7/12/23 VIN

2023 KAY 16 PH 4: U)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2862 Camp Creek Road, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 4-27-23	and assigned
Florida document number 1.230000207772	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
2862 Camp Creek Church Road, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADD)	PFSS)	₩ = 17
Trincipal office mairess most 192 A STALLET ADDA		
		50 1
		-0 :::1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere	d office address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Modiess.	Enter Florida street addre.	ss
	Florida	
	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, 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
			□Remove
			□Change
			□ Add
			□Remove
		<u> </u>	□Change
			□Add
			Change
		· 	□Add
			□ Remove
			□Change
			\ _Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
tlf an <u>No</u> t	effective date, if other than the date of filing:
f the re- ecord is	cord 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 filed.
Date	$\frac{5(1)}{2023}$
	2023 Ney 1- Celley, Authorized Representative Signature of a member or huthorized representative of a member
	CRAIG I & KELLEY
	Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
2862 Cam	p Creek Road, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	_			
,		g			
	Craig I. Kelley				
		Name of Person			
	Kelley, Fulton, Kaplan & Eller, P.L.				
	Firm/Company				
	1665 Palm Beach Lakes Blvd., Suite 1000				
	Address				
	West Palm Beach, FL 334	01			
		City/State and Zip Code			
	craig@kelleylawoffice.con	to be used for future annual report not	·		
15-11-5-11-5-5-5-5-5-5-5-5-5-5-5-5-5-5-			incation)		
	oncerning this matter, please c	all:			
Craig I. Kelley		561 491-1200 at ()	ne Telephone Number		
Name o	l'Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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 Addres	is:	Street Address:			
Registration Section		Registration Se	Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303