L23000284854

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Mat

Office Use Only

115 18 1.18 91 831 4767



200422227842

02/19/24--01002--000 **60.00

ÄLLAHASSEL FLORID

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	AMPING TRA	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> Ricardo</u>	MORACE S Name of Person	<u> </u>
		Firm/Company	
	6720 5/	CHUVICH CT Address	
	TACCHEASS	SEE FL 36	23 11
For further information co	E-mail address: (to	o be used for future annual report no	tification)
	, , ,		
Name of	Person	at () Area Code Daytir	nc Telephone Number
Enclosed is a check for th	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPING TRAILS	11.0	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
(A Florida Emilied En	C / L	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>しんじんづき</u> and assign	ned
Florida document number <u>CR30000249,84</u> .	• •	
This amendment is submitted to amend the following:		
This affection is submitted to affecte the following.		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	. 23	
(Principal office address MUST BE A STREET ADDRESS)		
	60	· .
	<u> </u>	•
Enter new mailing address, if applicable:	• -	 - :
(Mailing address MAY BE A POST OFFICE BOX)		
intuing uturess MAT DE ATOST OFFICE BOXY		ਗੁ
		
B. If amending the registered agent and/or registered office ad	idress on our records, enter the name of the new r	egistered
agent and/or the new registered office address here:	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply	with the
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.	and the state of t	

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>	Name	Address	Type of Action
AMBL	ETRAKEO MORLE,	2910 Autumn Forck To	<u>ं।</u> द्विAdd
		TAMARASILE FL 31305	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		.,	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		7	□Remove
			□Change
		<u>.</u>	□Add
			Remove
			□Change

'. H 40	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	· · · · · · · · · · · · · · · · · · ·
(If an e Note	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	ord 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.
Dated	1_2/16/24,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee