123000317904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip// None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

		ion Section of Corporations	•		•	•		
SUBJEC	CAN	IP JOWATEGA, I	.LC	,				
.,(,1),,,,,	···	Name of Limited Liability Company						
The encl	osed Artic	les of Amendment	and fee(s) are sub	omitted for filing.				
Please re	turn all co	rrespondence conc	erning this matter	to the following:				
		Mary L.	Rountree					
				Name of Person				
		Camp Jo	owatega, LLC					
				Firm/Company				
		13721 N	TE 238th Court					
			· · · · · ·	Address	.			
		Fort Mc	Coy. FL 32134-61	202				
		iowateca	@juno.com	City/State and Zip Code				
			= -	to be used for future annual	report notification)			
For furth	er inform	ition concerning th	is matter, please c	all:				
Mary L.	Rountree			352 57: at ()	2-1765			
	ì	Same of Person		Area Code	Daytime Telepho	one Number		
Enclosed	l is a chec	tor the following	amount:					
■ \$25.	00 Filing		Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ADTICLES OF ORCANIZATION	ジ ヘン
ARTICLES OF ORGANIZATION	My K
OF All	The Park
LC	3 MI 14 PM
of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	- 1705),
10ly 5, 2023	(4)
· · ·	d assigned
904	
nd the following:	
w name of the limited liability company here:	
contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
s, if applicable:	
A STREET ADDRESS)	
cable:	
OFFICE BOX)	
 	
t and/or registered office address on our records, enter the name of the	e new registe
īce address here:	
gent:	
lress: Friter Florida street address	
City Zip C	Corle
changing Registered Agent:	
Enter Florida street address, Florida	comply r with

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>	<u>Address</u>	Type of Action
AMBR	John W. Rountree	14991 NE 113th Court	
		Fort McCoy, FL 32134	■Remove
			□Change
AMBR	Jeffrey A. Rountree	1855 Osprey Bluff Blvd	
		Orange Park, FL 32003	■Remove
			□Change
			
			□Remove
			□ Change
,			⊡Add
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ffective date, if other to an effective date is listed, the source ocument's effective date	ie date must be specific an in this block does not:	id cannot be prior to meet the applicab	date of filing or more	than 90 days after fil	ing.) Pursuant to 605.020
record empirities a delector	d effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
l is filed. July 11 ated		2023			
d is filed. Dated	Y X Signature of a	tree member or authoric	ved representative of	a member	

Filing Fee: \$25.00