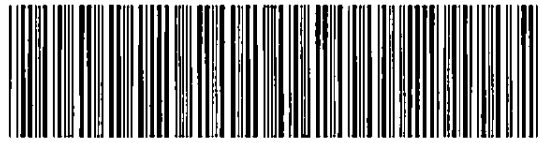


L23000469343



900430639099

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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NAME: CDCAMPBELL REALESTATE LLC

TYPE OF FILING: AMENDMENT

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A handwritten signature in black ink, appearing to read "A Hodge". The signature is written in a cursive style with a large, looped "H".

ACCOUNT: FCA000000015

3 of 6

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ccampbell realestate llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Cimone Destiny Campbell

Name of Person

Firm Company

Po box 11094

Address

Miami Fl 33101

City State and Zip Code

Benzandbeyond@gmail.com

E-mail address (to be used for future and/or report notification)

For further information concerning this matter, please call

Cimone Campbell

Name of Person

201-538-4400

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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
CDCampbell Realestate llc

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on **10/11/23** and assigned
Florida document number **L23000469343**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cimone Destiny Campbell llc

(The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.")

Enter new principal offices address, if applicable:

**1900 n Bayshore Dr suite 120
Miami fl 33132**

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

**PO Box 11094
Miami fl 33101**

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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

g any other information, enter change(s) here: (Attach additional sheets, if ne

I'm a realtor I was given
incorrect or not advised
correctly naming my biz
doing Realestate it should be
my legal name

6/17/2024

E. Effective date, if other than the date of filing: 6/17/2024 (top
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the
document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
record is filed.

Dated _____

CD Campbell

Signature of a member or authorized representative of a member

Cimone Campbell

Typed or printed name of signee

Filing Fee: \$25.00