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Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : 120060000021
Phone : (561)833-9800
Fax Number : (561)655-5551

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN.
CAMPOS CONCIERGE LLC**

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DEC 07 2023
T. LEMIEUX

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

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CAMPOS CONCIERGE 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 NOVEMBER 7, 2023 and assigned
Florida document number L23000506301.

This amendment is submitted to amend the following:

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

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:

1555 BREAKWATER TERRACE

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33019

Enter new mailing address, if applicable:

1555 BREAKWATER TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33019

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:

ROBERTA OLIVEIRA CAMPOS

New Registered Office Address:

1555 BREAKWATER TERRACE

Enter Florida street address

HOLLYWOOD

City

Florida 33019

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

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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>	<u>Type of Action</u>
MGR	ROBERTA OLIVEIRA CAMPOS	1555 BREAKWATER TERRACE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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