

L23000527066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

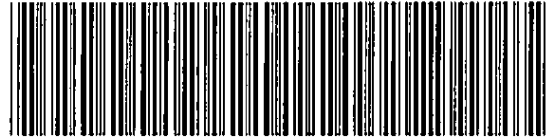
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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KH
1/29/24

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2024 JAN -8 PM 1:20
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMDEN CONCESSIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Boyd
Name of Person

CAMDEN CONCESSIONS, LLC
Firm/Company

3198 LAMARQUE AVENUE
Address

North Port FL 34286
City/State and Zip Code

victor Boyd - vboydv@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Boyd at (941) 882-2527
Name of Person 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

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CLERK OF STATE
TALLAHASSEE, FL

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

CAMDEN CONCESSIONS 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 11/27/23 and assigned
Florida document number L23000527066.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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.

new registered

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>	<u>Type of Action</u>
MGR	Victor Boyd	1121 W. PRICE Blvd	<input checked="" type="checkbox"/> Add
		# 1021	<input type="checkbox"/> Remove
		North Port, FL 34288	<input type="checkbox"/> Change
AMBR	JENNIFER Boyd	1121 W. PRICE Blvd.	<input type="checkbox"/> Add <small>not added</small>
		#1021	<input type="checkbox"/> Remove
		North Port, FL 34288	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE

Sun Newspapers
Legal Advertising
23170 Harborview Rd
Port Charlotte, FL 33980

11/27/23

Phone:(941) 206-1025 Email:legals@yoursun.com

Notice Under
Fictitious Name Law
Pursuant to Section 865.09,
Florida Statutes

NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the fictitious name of: Camden Cuisine located at 1121 W Price Boulevard #1021 in the County of Sarasota in the City of North Port, Florida 34288 intends to register the said name with the Division of Corporations of the Florida Department of State, Tallahassee, FL. Dated on November 25, 2023
Sole Owner:
Victor Boyd
Publish: 11/29/2023
416558 3911691

Acct#: 416558	Date: 11/27/23
	Ad Date: 11/29/23
	Class: 3112
	Ad ID: 3911691
	Ad Taker: MPRESCOTT
FICTITIOUS NAME ACCOUNT	Sales Person: 200
23170 HARBORVIEW ROAD	Words: 82
PORT CHARLOTTE, FL 33980	Lines: 22
	Agate Lines: 25
Telephone: (941) 206-1025	Depth: 2.597
	Inserts: 1
	Description: Camden Cuisine

Other Charges:	\$0.00	Gross:	\$35.00
Discount:	\$0.00		
Surcharge:	\$0.00	Paid Amount:	- \$0.00
Credits:	\$0.00		
Bill Depth:	2.597	Amount Due:	\$35.00

Publication	Start	Stop	Inserts	Cost
Charlotte Sun (CS)	11/29/23	11/29/23	1	\$35.00

Ad Note:

Customer Note:

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We Appreciate Your Business!
Thank You !