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COVER LETTER

Division of Co			,
CHRISTO SUBJECT:	DPHER J CAMPBELL LLC		
Joban CT.	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARLA COPELAND ES	STY	
		Name of Person	
	ADVANCED BUSINESS	CONNECTIONS LLC	
	-	Firm/Company	
	P O BOX 2066		
		Address	
	HIGH SPRINGS FL 3265	5	
		City/State and Zip Code	
	easytax@windstream.net	6. 1. 6. 6.	
For further information	concerning this matter, please of	(to be used for future annual report no	tilication)
MARLA COPELAND	ESTY	386 454-8959 at ()	
	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	-		1 P
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

CHRISTOPHER J CAMPBELL LLC		
(<u>Name of the Limited Lis</u> (A FR	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/29/2024	and assigned
Florida document number 1.24000053721	·	
This amendment is submitted to amend the following	g:	
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
		rg.
B. If amending the registered agent and/or registor agent and/or the new registered office address her		ne of the new register
	_	j
Name of New Registered Agent:		() ()
New Registered Office Address:		7
New Registered Office Address.	Enter Florida street address	
	, Florida	1-11 5
_	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 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>	Address	Type of Action
AMBR	CHRISTOPHER CAMPBELL	23725 NW 142ND AVE	■Add
		HIGH SPRINGS FL 32643	□Remove
			□ Change
			□Add
			□Remove
			□Change
		1	Remove
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			□Rembve ,.
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	-		— □Add∆
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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Typed or printed name of signee	CHRISTOPHER J CAMPE	BELL.		per		

Filing Fee: \$25.00