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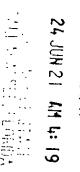
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Craig Campbell

863-991-1600

2808 Sunrise Drive Sebring FL 33872

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
	ELL HOSPITALITY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oundence concerning this matter	to the following:		
	CRAIG CAMPBELL			
		Name of Person		
		Name of Limited Liability Company d fee(s) are submitted for filing. ing this matter to the following: MPBELL Name of Person Firm/Company Address RISE DRIVE SEBRING FL 33872 City/State and Zip Code (2) AHOO.COM E-mail address: (to be used for future annual report notification) natter, please call: 1863 991-1600 Area Code Daytime Telephone Number 1900 100 100 100 100 100 100 100 100 100		
		Address		
	2808 SUNRISE DRIVE SI	EBRING FL 33872		
	SOUP6406@YAHOO.COM	•		
For further information	E-mail address: (concerning this matter, please concerning this matter)	·	ification)	
CRAIG CAMPBELL				
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addr Registration			ection	
Division of	Corporations			
P.O. Box 63	327	The Centre of T	l'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPBELL HOSPITALITY 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 05/01/2024 __ and assigned Florida document number L24000205055 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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	HANNAH CAMPBELL	2808 SUNRISE DRIVE SEBRING, FL 33872	= Add
			□Remove
			□Change
	·		□Add
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Tective date, if other than the neffective date is listed, the date mute: If the date inserted in this b	lock does not meet the	e applicable statute	ling or more than 90 da	(optional) ys after filing.) Pursuant its, this date will not	to 605.020 be listed a:
cument's effective date on the I	Department of State's r	ecords.			
ecord specifies a delayed effecti s filed.	ve date, but not an effe	ective time, at 12:0	I a.m. on the earlier	of: (b) The 90th da	y after the
JUNE 18TH	2024	, 			
	0/				
	// ///				
	Signature of a member	or authorized repre	sentative of a member	ele to to	

Filing Fee: \$25.0