# L2400311138

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entry Name)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration<br>Division of C             |  | ٠,  |   |  |
|---|--|---|---|--|
| Campbel SUBJECT:                              | l Business Group LLC                         |   |   |  |
| SOURCE.                                       | Name of Lin                                  | nited Liability Company   |   |  |
| The enclosed Articles                         | of Amendment and fee(s) are sul              | omitted for filing.   |   |  |
| Please return all corres                      | pondence concerning this matter              | to the following:   |   |  |
|   | Jaylan Campbell                              |   |   |  |
|   |  | Name of Person  |   |  |
|   | Campbell Business Group                      | LLC   |   |  |
|   |  | Firm/Company  |   |  |
|   | 5900 SW 24th Pl, Apt 206                     |   |   |  |
|   |  | Address   |   |  |
|   | Davie, FL 33314                              |   |   |  |
|   |  | City/State and Zip Code   |   |  |
|   | jaylancampbell@gmail.con                     |   | <del></del>   |  |
| For further information                       | concerning this matter, please c             | to be used for future annual report notifi<br>all:                        | cation)   |  |
| Jaylan Campbell                               |  | 330 957-5581  |   |  |
| 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 &<br>Certified Copy<br>(additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Addre                                 | <del></del>                                  | Street Address:   |   |  |
| Registration Section Division of Corporations |  | Registration Section Division of Corporations                             |   |  |
| P.O. Box 63                                   |  | The Centre of Ta  | llahassee   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2024

JAYLANN CAMPBELL 5900 SW 24TH PLACE APT 206 DAVIE, FL 33314

SUBJECT: CAMPBELL BUSINESS GROUP LLC

Ref. Number: L24000316738

We have received your document for CAMPBELL BUSINESS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 724A00017230

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Campbell Business Group LLC

2024 AUG 22 AM 8: 03

| (A)   | Florida Limited Liability Company)        | + FORE MANY ASSESSMEN                      |
|---|---|--|
|   |   | TALLAHASSEE. FLORIDA<br>and assigned       |
| The Articles of Organization for this Limited Liabi       | ility Company were filed on July 10       | and assigned                               |
| Florida document number L24000316738                      | <del></del> •                             |  |
| This amendment is submitted to amend the following        | ing:                                      |  |
| A. If amending name, enter the new name of th             | e limited liability company here:         |  |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the design | nation "Ll.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl         | e:  |  |
| Principal office address MUST BE A STREET                 | (ADDRESS)                                 |  |
|   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:                 |   |  |
| Mailing address MAY BE A POST OFFICE BO                   | <u></u>                                   |  |
|   |   |  |
|   |   |  |
| B. If amending the registered agent and/or regi           |   | rds, enter the name of the new register    |
| agent and/or the new registered office address h          | iere:                                     |  |
| Name of New Registered Agent:                             |   |  |
| Name of New Registered Agent.                             |   |  |
| New Registered Office Address:                            | (2 /2) · f                                |  |
|   | Enter Florida s                           | street address                             |
| -   |   | Florida Zip Code                           |
|   | 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>                             | <u>Address</u>           | Type of Action |
|--------------|---|--------------------------|----------------|
| MGR          | Jaylan Campbell                         | 5900 SW 24th PL, Apt 206 | <b>=</b> Add   |
|              |   | Davie, FL 33314          | □Remove        |
|              |   |                          | □Change        |
|              |   |                          | □Add           |
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| ective date, if other than the date of filing:   | (0                                    | ntional)           |             |             |
| n effective date is listed, the date must be specific and cannot be prior to date of filing or more.  If the date inserted in this block does not meet the applicable statutory filing to the date inserted in this block does not meet the applicable statutory filing to the date. | c than 90 days                        | after filing.) Pur | suant to 60 | 05.020      |
| rument's effective date on the Department of State's records.  | requirements.                         | ins date win       | not be n    | sied a      |
|  |                                       |                    |             |             |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on s filed.  | the earlier of                        | f: (b) The 90      | th day aft  | er the      |
| , med.   |                                       |                    |             |             |
| ed <u>8/19/2024</u> ,  |                                       |                    |             |             |
|  |                                       |                    |             |             |
| Signature of a member or authorized representative of  Jaylan (an shell  Typed or printed name of signee   | a member                              |                    |             |             |