## L24000335680

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## **COVER LETTER**

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ĉi'n ie ce		HINVESTMENT LLC	
SUBJECT	; <u></u>	Name of Lim	ited Liability Company
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please retu	m all correspo	ndence concerning this matter	to the following:
		TAMIRIS MARIA CAME	IONI CARREIRA
			Name of Person
		CAMPIONI INVESTMEN	FT LLC
			Firm/Company
		15721 TOLLINGTON AL	LEY
			Address
		WINTER GARDEN, FL	34787
			City/State and Zip Code
		tamiris_campioni@hotmail	com
For further	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)
	O RODRIGUI		407 371-2298
	Name o	î Person	to be used for future annual report notification)  all:  at (
Enclosed is	s a check for th	ne following amount:	
⊠ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	lailing Addres	<del>-</del>	Street Address:
	egistration Solvision of C		Registration Section Division of Corporations
	.O. Box 632		The Centre of Tallahassee
T	allahassee, l	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CAMPIONI INVESTMENT LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on or liability Company)	ur records.)		_	
The Articles of Organization for this Limited L. Florida document number L24000335680	iability Company	were filed on $\frac{07/30/20}{}$	24	and	assigne	d
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designal	tion "LLC" or the a	bbreviatio	1 "L.L.C."	•
Enter new principal offices address, if applic		15721 TOLLINGTO	SALLEV			
Principal office address MUST BE A STREET ADDRESS)		WINTER GARDEN, FL - 34787				
				-17	<u>5</u> _?	
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE	BOX)	15721 TOLLINGTO	NALLEY		و	
		WINTER GARDEN.	FL - 34787	·^ `		•••
				. :	4: 2	
3. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our record	s, enter the nan	ne of the	new reg	<u>giste</u>
	<del></del>					
Name of New Registered Agent:	TAMIRIS MA	RIA CAMPIONI CARR	EIRA			··· <u>-</u>
New Registered Office Address:	15721 TOLLIN	NGTON ALLEY				
	<del></del>	Enter Florida str	eet address			
	WINTER GAF		Florida <sup>34787</sup>			
		City		Zip C	ode	

## 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.

In dayson 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>	Name	Address	Type of Action
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ective date, if other than the da	te of filing:			_ (optional	ì	
n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be pri	ior to date of fi	ling or more than 90	days after tilin	g.) Pursu	ant to 605.020
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