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TO: Registration Section Division of Corporations

SUBJECT:

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:

MICHELLY FERREIRA

Name of Person

CAMPANA GROUPS LLC

Firm/Company

3023 BURTON POINT COURT

Address

WAXHAW, NC 28173

City/State and Zip Code

MICHELLY@CAMPANAGROUPS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLY FERREIRA

Name of Person

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)

<u>Mailing Address:</u> 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

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appears on our records.) pany) on 08/07/2024 and assigned		
on 08/07/2024 and assigned		
any here:		
"the designation "LLC" or the abbreviation "L.L.C."		
ST PALMETTO PARK ROAD SUITE 210		
ATON FL 33433		
7000 WEST PALMETTO PARK ROAD SUITE 210		
BOCA RATON FL 33433		

Name of New Registered Agent:			
New Registered Office Address:	7000 WEST PALMETTO PARK ROAD SUITE 210		
	Enter Fl	orida street add <b>res</b> s	
	BOCA RATON	, Florida <u>33433</u>	
	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAILSON SALOME	7000 WEST PALMETTO PARK ROAD SUITE 21	0 □Add
		BOCA RATON, FL 33433	_ 🛙 Remove
			_ <b>≧</b> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

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E. Effective date, if other than the date o (If an effective date is listed, the date must be spect <u>Note:</u> If the date inserted in this block doe document's effective date on the Departme	affic and cannot be prior to date of filing or more than 90 days after the solution of the statutory filing requirements, this	nal) iling.) Pursuant to 605.0207 (3)(b) date will not be listed as the
If the record specifies a delayed effective date, l record is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated OCTOBER 31ST	2024	
Date:	Malaur	÷
Signatu	re of a member or authorized representative of a member	2094 Tal.
JAILSON SALOME		Ē
	Typed or printed name of signee	 
		* au. 
	Filing Fee: \$25.00	-1

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