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## **COVER LETTER**

TO: Registration Se Division of Cor			
	` ^ .	Tour	
SUBJECT:	Camp 0		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	T	hea Mullis	
	^	Name of Paren	
	Ca	mp On Tour	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	<u> </u>	12 220016 Address	
	i.		
	_ Hollywo	OC), FL 3302° Cify/State and Zip Code	2-0016
	110 0 000	City/State and Zip Code	
	E-mail address: (	City/State and Zip Code  Cumpontour, to be used for future annual report notif	ication)
For further information of	concerning this matter, please co		
+1h	M 11.>		aia/
1 Men	11111115	at (912) 423-	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
SECTION A A A		Camana & delamente	
Mailing Address Registration		Street Address: Registration Sec	
Division of C	Corporations	Division of Con	porations 🥳 📜 📜
P.O. Box 632		The Centre of T	'allahassee 🍴 🗸 🌭
Tallahassee.	FL 32314	2415 N. Monroe	e Street, Suite 810 🎞 💆 🗀

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

Camp On 7	our
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>33 – 1328730</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 adagent and/or the new registered office address here:	Camp On Tow  P.O. Box 220016  Hollywood, FL 33022-0016  Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	।। ऽ ≒
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and I covided for in Chapter 605, F.S. Or, if this document is

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	<u>Address</u>	Type of Action
MGR	Thea Mullis		Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
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		SECULIARY OF STATE ALLAIRASSE. FL	_ 5
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