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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|---|--|
| endere. | Bill Camp l | Real Estate Investments LLC | | |
| SUBJEC | · I · | Name of Lin | nited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | tum all correspo | ndence concerning this matter | to the following: | |
| | | William Camp | | |
| | | | Name of Person | |
| | | At Home Auto Glass | | |
| | | - | Firm/Company | |
| | | 7632 15th St E | | |
| | | | Address | |
| | | Sarasota, Fl 34243 | | |
| | | | City/State and Zip Code | |
| | | vanessa@athomeautoglass. | shop | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | er information c | oncerning this matter, please o | all: | |
| Vanessa | Martin | | 941 260-2886 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 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) |
| | Mailing Addres Registration S | | <u>Street Address:</u> Registration Sec | ction |
| | Division of C | Corporations | Division of Cor | porations |
| | P.O. Box 632 | | The Centre of T | |
| | Tallahassee, I | rL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Bill Camp Real Estate Investments LLC

2025 APR -2 AM 7: 38

| | o Bioomity Company) | s on our records.) | TALLAHASSEE. FL | |
|--|------------------------|----------------------------|----------------------------|--|
| 1.25000061561 | ny were filed on | 02/04/2025 | and assigned | |
| his amendment is submitted to amend the following: | | | | |
| The Articles of Organization for this Limited Liability Company were filed on and assigned Plorida document number | | | | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the d | esignation "LLC" or the | ne abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 7632 15th St E | | | |
| Principal office address MUST BE A STREET ADDRESS) | Sarasota, FL 342 | 243 | | |
| Enter new mailing address, if applicable: | 7632 15th St E | 7632 15th St E | | |
| Mailing address MAY BE A POST OFFICE BOX) | Sarasota, FL 347 | 243 | | |
| gent and/or the new registered office address here: | | ecords, <u>enter the r</u> | нате of the new registered | |
| New Registered Office Address: 4556 McAsht | ton St | | | |
| | Enter Flor | ida street address | | |
| Sarasota | | , Florida | 34233 | |
| | City | | Zip Code | |

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 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 |
|--------------|--------------|--------------------|----------------|
| MGR | William Camp | 7632 15th St E | |
| | | Sarasota, FL 34243 | □Remove |
| | | | ■ Change |
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| | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: If t | date, if other than the date of filing: |
| record sp is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | Signature of a member or authorized representative of a member |
| | William S. Camp Typed or printed name of signife |

Filing Fee: \$25.00