Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000349940 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPBELL AND PARTNERS CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

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Corporate Filing Menu

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears		ida Department of	
State: Campbell and Partners Consulting, L	LC	<del></del>	
Enter new principal office address, if applicable	::	<del></del>	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)			<b>)</b>
2. The Florida document number of this limited	liability company is: M19000	0001485	
3. Jurisdiction of its organization: Texas		1	j
4. Date authorized to do business in Florida:	ebruary 11, 2019		
SECTION II (5-9 complete only the applicab	le changes)		 ,
<ol> <li>New name of the limited liability company: (m</li> </ol>	@DOCS LLC nust contain "Limited Liability	Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or the must contain "Limited Liability Company," "L.	managing members adopting t		ıc
6. If amending the registered agent and/or regist registered agent and/or the new registered office	tered officer address on our re-	cords, enter the name of the new	
Name of New Registered Agent;			
New Registered Office Address:			
	Enter F t	orida Street Address	
-	City	, Florida Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the prop and accept the obligations of my position as reg document is being filed to merely reflect a chan liability company has been notified in writing of	Registered Agent: gent and agree to act in this over per and complete performance gistered agent as provided for ge in the registered office add	apacity. I further agree to comply wi of my duties, and I am familiar with in Chapter 605, F.S. Or, if this	
	f Changing Registered Agent.	Signature of New Registered Agent	

	If the amendment of	hanges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate tha	t change:
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	itle/ Capacity	Name	Address	Type of Action
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				□Add
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				⊟Remo
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.		<del></del>		□Add
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				□Remov
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	<del></del>			⊐Add
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				□Remo
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	<del></del>			
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Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				□Λdd
of the fire control	aforementioned am	endment(s), duly authenticated by he law of which this entity is organ	the official having custody of records in the	□Remov
Signature of the authorized representative		Signature of	the authorized representative	

Filling Fee: \$25.00

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

# Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

@DOCS LLC Filing Number: 802390285

Certificate of Amendment

March 27, 2023

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 04, 2023.



gave-Helson

Jane Nelson Secretary of State Filing#:802390285 Document#:1232579080002 Filed On 3/27/2023 received by Upload

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



# Certificate of Amendment

This space reserved for office use.

#### **Entity Information**

Campbell and Partners Consulting, LLC	
State the name of the entity as currently show of the entity, state the old name and not the n	m in the records of the secretary of state. If the amendment changes the name ew name.
The filing entity is a: (Select the appropriat	e entity type below.)
For-profit Corporation	Professional Corporation
Nonprofit Corporation	Professional Limited Liability Company
Cooperative Association	Professional Association
✓ Limited Liability Company	☐ Limited Partnership
The file number issued to the filing er	tity by the secretary of state is: 802390285
The date of formation of the entity is:	February 11, 2016

### Amendments

#### 1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

#### @DOCS LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

### 2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Form 424 6

Re (Complete either A or	gistered Agent B. but not both. Also	complete C )
A. The registered agent is an organization		·
OR  B. The registered agent is an individual re	sident of the state	whose name is:
First Name M.I.	Lost Name	Suffix
The person executing this instrument affirms has consented to serve as registered agent.	that the person d	esignated as the new registered agent
C. The business address of the registered agen	it and the registere	ed office address is:
		TX
Street Address (No P.O. Bax)	City	State Zip Code
3. Other Added, Al	ltered, or Deleted	I Provisions
Other changes or additions to the certificate of formation is insufficient, incorporate the additional text by provid form for further information on format.	n may be made in the	space provided below. If the space provided
Text Area (The attached addendum, if any, is incorporated herei	in by reference.)	
Add each of the following provisions to the reference of the added provision and the full te		mation. The identification or
Alter each of the following provisions of the reference of the altered provision and the full to		
		7
Delete each of the provisions identified below	ow from the certif	icate of formation.

## Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

# Effectiveness of Filing (School either A. B. or C.)

A. This document becomes effective when to	the document is filed by the secretary of state.	
B. This document becomes effective at a later date, which is not more than ninety (90) days from		
the date of signing. The delayed effective date is:		
C. This document takes effect upon the occu		
passage of time. The 90th day after the date of	signing is:	
The following event or fact will cause the docu	ment to take effect in the manner described below:	
E	xecution	
The undersigned signs this document subject to	o the penalties imposed by law for the submission of a ertifies under penalty of perjury that the undersigned is	
Date: 03/27/2022		
Ву:	@Docs LLC fka Campbell and Partners Consulting, LLC	
	Signature of authorized person	
	Rick A. Campbell, Manager	
	Printed or typed name of authorized person (see instructions)	