

M24 00000522

141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

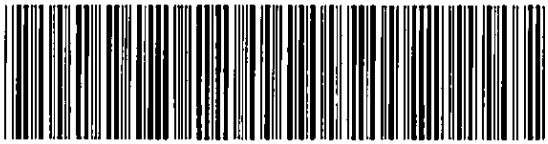
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05-24-24 09:10 001 4.25.00

FILED  
2024 MAY 24 AM 4:50  
STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Campo Architecture and Interior Design, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John T. Campo, Jr.  
Name of Person

Campo Architecture and Interior Design, LLC  
Firm/Company

400 Poydras Street, Suite 1410  
Address

New Orleans, LA 70130  
City/State and Zip Code

jtcampo@jteampo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelby Shankle at ( 504 ) 598-4440  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**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 on the records of the Florida Department of State: Campo Architecture and Interior Design, LLC

Enter new principal office 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)*

FILED

2024 MAY 24 AM 4:50

2. The Florida document number of this limited liability company is: M24000005622

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 05/02/2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

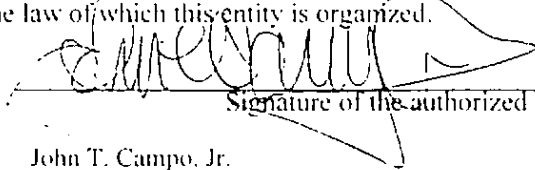
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEMBER</u>	Miriam Salas	400 Poydras Street, Suite 1410	<input checked="" type="checkbox"/> Add
		New Orleans, LA 70130	<input type="checkbox"/> Remove
<u>MEMBER</u>	Mary Gilmore	400 Poydras Street, Suite 1410	<input checked="" type="checkbox"/> Add
		New Orleans, LA 70130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. 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.

  
 \_\_\_\_\_  
 Signature of the authorized representative

John T. Campo, Jr.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

Nancy Landry  
SECRETARY OF STATE

State of Louisiana  
Secretary of State



COMMERCIAL DIVISION  
225.925.4704

05/17/2024

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

ONLINE FILING  
jtcampo@jtcampo.com

CAMPO ARCHITECTURE AND INTERIOR DESIGN LLC

It has been a pleasure to approve and place on file your Notice of Change. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available online, at no charge, by filing a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through **geauxBIZ**: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely,

The Commercial Division  
WEB

Nancy Landry  
SECRETARY OF STATE

State of Louisiana  
Secretary of State



May 17, 2024

COMMERCIAL DIVISION  
225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of CAMPO ARCHITECTURE AND INTERIOR DESIGN LLC was received and filed on May 17, 2024.

WEB 44738036K

## NOTICE OF CHANGE

**Charter Number:** 44738036K

**Name:** CAMPO ARCHITECTURE AND INTERIOR DESIGN LLC

### **ADDRESSES:**

**The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:**

400 POYDRAS STREET STE 1410  
NEW ORLEANS, LA, 70130

### **Mailing Address:**

400 POYDRAS STREET STE 1410  
NEW ORLEANS, LA, 70130

### **AGENTS:**

#### **Agent Name:**

DAVID CLEMENT  
650 POYDRAS ST STE. 2828  
NEW ORLEANS, LA, 70130

### **MEMBERS/MANAGERS:**

#### **Member/Manager Name:**

JOHN CAMPO, JR. (MANAGER, MEMBER)  
400 POYDRAS STREET STE 1410  
NEW ORLEANS, LA, 70130

MIRIAM SALAS (MEMBER)  
400 POYDRAS STREET SUITE 1410  
NEW ORLEANS, LA, 70130

MARY GILMORE (MEMBER)  
400 POYDRAS STREET SUITE 1410  
NEW ORLEANS, LA, 70130

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.**

TO BE ELECTRONICALLY SIGNED BY MEMBER OR MANAGER.

**ELECTRONIC SIGNATURE:** JOHN T. CAMPO, JR. (5/17/2024)

**TITLE:** MANAGING MEMBER