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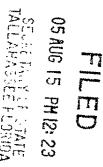
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M. HODGES



## TRANSMITTAL LETTER

TO: Registration S Division of C			
SUBJECT: CAMER		-	
	(Name of Li	mited Liability Company)	
	of Amendment and fee(s) are subspondence concerning this matter	•	
	GASTON FEDERICO BELEI	Name of Person)	
CAM	IERON COURT LLC		
	(l	Firm/Company)	
1901 HA	RRISON STREET SUITE 7	(Address)	
Н	OLLYWOOD, FLORIDA 3302	0	
_		State and Zip Code)	
For further information	n concerning this matter, please o	call:	
GASTON FE	GASTON FEDERICO BELEN at ( 754 ) 246-6160		
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the	he following amount:		
<b>v</b> \$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)
	REET ADDRESS:	MAILING ADDR Registration Section	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMERON COURT LLC

	(A	(Present Name)  Florida Limited Liability Company)				
		. MADOLL 2015				
FIRST:	document number <u>L050000309</u>		_ and assigned			
SECOND:	The following amendment(s) liability company:	to the Articles of Organization was/v	vere adopted	by the	limit	ed
ARTICLE V THE NAME AND A	ADDRESS OF MANAGING MEM	MBERS/MANAGERS SHALL READ:				
TITLE: MGRM SUJOY CORPOR 1901 HARRISON HOLLYWOOD, FL	STREET SUITE 7	TITLE: MGRM CRISTINA MANOLE-SUJOY 2501 NE 48 STREET LIGHTHOUSE POINT, FL 33064		TA!	05	
TITLE: MGRM MARIO EDGARDO 2501 NE 48 STRE LIGHTHOUSE PO	ET	TITLE: MGRM IVAN SUJOY 2501 NE 48 STREET LIGHTHOUSE POINT, FL 33064		CVE LYINA	AUG 15	
TITLE: MGRM /ICTORIA SUJOY I301 SW 160 AVE MIRAMAR, FL 330	E APT 103	TITLE: MGRM GASTON FEDERICO BELEN 4301 SW 160 AVE APT 103 MIRAMAR, FL 33027		Y of STATE SEE FLORIDA	PH 12: 23	C
Dated MAF	RCH 30TH	$\frac{2005}{\text{DW}}.$				
	Signature of a	member or authorized representative of a me	mber		-	
		Typed or printed name of signee			-	-

Filing Fee: \$25.00