

L15000109361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

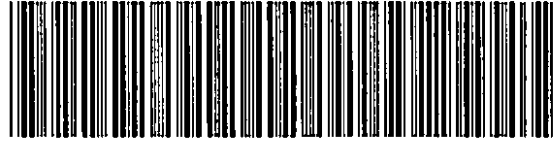
(Business Entity Name)

(Document Number)

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03/18/19--01027--022 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

19 MAR 18 PM 6:09

FILED

MAR 27 2019  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMA I INVESTMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL RAMON LUGO CARRASCO  
Name of Person

CAMA I INVESTMENT LLC  
Firm/Company

130 N. WABASH AVE  
Address

LAKELAND FL. 33815  
City/State and Zip Code

LUGOMANUEL1965@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL RAMON LUGO CARRASCO at (863) 9047605  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CAMA I INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/24/2015 and assigned  
Florida document number L15000109361

FILED  
19  
AUG 18 PM 6:09  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

130 N WABASH AVE  
LAKELAND FL 33815

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

130 N WABASH AVE  
LAKELAND FL 33815

B. If amending the registered agent and/or registered office 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:

MANUEL RAMON LUGO CARRASCO

New Registered Office Address:

130 N. WABASH AVE

Enter Florida street address

LAKELAND

City

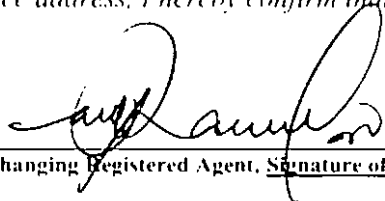
Florida

33815

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

✓ 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR.</u>	<u>ACOSTA GONZALEZ CESAR N</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>600 N WABASH AVE</u>	<input type="checkbox"/> Change
		<u>LAKELAND FL. 33815</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MANUEL RAMON LUGO CARRASCO</u>	<u>130 N. WABASH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKELAND FL. 33815</u>	
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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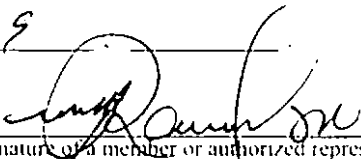
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 03/08/2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MANUEL RAMON LUGO CARRASCO  
\_\_\_\_\_  
Typed or printed name of signee