## L23000044319

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000401918270

02/03/23--01008--029 \*\*25.00

2023 FEB -3 PH 12: 53 SECRE JANY OF STATE





ioo4i bird road • miami, florida 33165 Email: campolaw@lisbetcampopa.com • office: 305.229.9797 • fax: 305.229.9798 WWW.LISBETCAMPO.COM

Lisbet Campo, Esq.

January 31, 2023

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Attn: Registration Section

RE: Camilita, LLC

Dear Sirs:

Attached please find Articles of Amendment to Articles of Organization along with a check in the amount of \$25.00 representing the filing fee. Please provide a letter of acknowledgement once the amendment has been filed.

Please feel free to contact the office should you have any questions

Sincerely,

Janet Offervides

Paralegal

2023 FEB -3 PHI2: 53

## DocuSign Envelope ID: 8F2D7CAA-2FB9-4EB2-9DBD-CB6B7A6438F3 CUVER LETTER

TO: Registration Se Division of Cor			
Camilita, I.	LC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Janet Ollervides		
	<del></del>	Name of Person	
	Law Offices of Lisbet Car	npo, P.A.	
		Firm/Company	
	10041 Bird Road		SI Z
		Address	
	Miami, Fl. 33165		SECRE TARY OF STATE TALL TARY OF STATE TALL THE TARY OF STATE THE
		City/State and Zip Code	DAY OF
	campolaw@lisbetcampopa.		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	E. FL
Janet Ollervides		305 229-9797 at ( )	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 5		Street Address; Registration Sec	etion
Division of Corporations		Division of Corp	porations
P.O. Box 632 Tallahassee, l		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

## DocuSign Envelope ID: 8F2D7CAA-2FB9-4EB2-9DBD-CB6B7A6438F3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Camilita, LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000044319</u> .	were filed on 01-24-2023	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		23 Trace			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 PH IZ: 53			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	ame of the new registered			
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 agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8F2D7CAA-2FB9-4EB2-9DBD-CB6B7A6438F3 n amenoing Authorized rerson(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>	Type of Action
MGR	Diego Horta	153 E. Flagler Street Suite 720	🗀 Add
		Miami, Fl. 33132	■Remove
			□Change
MGR	Orlando Horta	153 E. Flagler Street Suite 720	<b>=</b> Add
		Miami, Fl. 33132	□Remove
			□ Change
			□Add
			Remove  SECRIARI  ARI
			PH   SEE STATE   Change
	<del> </del>		🗖 Add
		<del></del>	□Remove
			Change
	<del></del>		□ Add
			□Remove
			□Change

If amending any oth						.· · · · · · · · · · · · · · · · · · ·		
					-	-		
			· · · · · · · · · · · · · · · · · · ·					
				<del></del>				
<del></del>								
					<del> </del>			
							<del></del>	
		<u> </u>						
							<del></del>	
		·············	<del></del>					
		<del></del>				·-·-		
ffective date, if other	er than the date of	f filing:	023		_ (optional)			2.15
ote: If the date insert	ed in this block does	s not meet the app	plicable statutory	filing requireme	ays after filing nts, this date	will not b	to 605.02 be listed	207 as
ocument's effective da	ate on the Departmen	nt of State's reco	rds.					
record specifies a dela	ived effective date, b	out not an effectiv	re time, at 12:01 :	a.m. on the earlic	erof:(b) Th	ie 90th da	y after tl	he
l is filed.						-4th		
	1/2023						23 F.E	
ated	DocuSigned by:		·			-2	2023 FEB -3	
	UNIN					-33 -33		
	<del></del> _t							
	DECEORING ITAKES	e of a member or a	uthorized represen	tative of a member		EE,	PM 12: 53	

Filing Fee: \$25.00