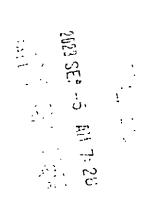
## L23000312272

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Centificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

A. RIVERS
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: JU	lide Camma	rota UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julide Cammarota		
		Name of Person	
	<u>Julide</u> Co	<del></del>	
		Firm/Company	
	4878 Night Star Trail		
		Address	
	Odessa, FL 33556		
		City/State and Zip Code	<del></del>
	Cammarotahomes@gmail.c		
	E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please ca	all:	
Julie Cammarota		201 5568219 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cammarota Homes LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000312272</u> .	were filed on 6/29/23	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:	
Julide Cammarota LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4878 Night Star Trail	
(Principal office address MUST BE A STREET ADDRESS)	Odessa, FL 33556	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	, <u>Y</u>
Name of New Registered Agent:		
New Registered Office Address:		19 m
	Enter Florida street address	
	, Flor	
	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

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than	the date of filing:	8/14/2	023	(optiona	D
	must be specific and o	cannot be prior to da	te of filing or more th	an 90 days after filir	ig.) Pursuant to 605,020
			maratory ming roq	anementa, una da	te witt not be fisted a
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