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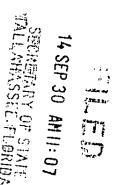
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Section *
	Division of Corporation

SUBJECT: <u>CAM 595 UNIT 11-6, LLC</u>

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:

Richard G. Toledo

Name of Person

Isanic Hyundai Trading, Inc.

999 Brickell Avenue, Penthouse 1101

Miami, Florida 33131

City/State and Zip Code

manager@isanichyundai.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paola Castillo

Name of Person

at (Area Code) 416-0202

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 ARTICLES OF ORGANIZATION **OF**

CAM 595 UNIT 11-6, LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000070549</u>	ere filed on April 29, 2014	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or th	ne abbreviation "I	L.C."
Enter new principal offices 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) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>ent</u> e	er the name	of the new
		ALI ALI	
Name of New Registered Agent:		SE SE	6 250
New Registered Office Address:		P 30	eccusions Bancers
	Enter Florida street address , Florida		
•	City , r ioriua	Zip Cotte	System :
New Registered Agent's Signature, if changing Registered Agent:		Zip Cotte	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ag	rformance of my duties, and I an wided for in Chapter 605, F.S. C	n familiar wit. Ir, if this docu	h and ment is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos J. Mattos	999 Brickell Avenue	= Add
		Penthouse 1101	Remove
		Miami, Florida 33131	
MGR	Richard G. Toledo	999 Brickell Avenue	= Add
		Penthouse 1101	☐ Remove
•		Miami, Florida 33131	
MGR	Paola Castillo	999 Brickell Avenue	= Add
	,	Penthouse 1101	Remove
		Miami, Florida 33131	
			SECREMANY OF STATE
			□ Add □ Remove

			
			
			
			(
	cannot be prior to date of recei		(optional) more than 90 days after
The effective date must be specific the date this document is filed by	s, cannot be prior to date of receithe Florida Department of State	9)	
The effective date must be specific the date this document is filed by	s, cannot be prior to date of receithe Florida Department of State	9)	
•	the Florida Department of State 25	14 Clab or authorized representative of	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE