

L 17000185003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000085519 3)))



H180000855193ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
18 MAR 16 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
368 THIRD INVESTORS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

RECEIVED  
2018 MAR 16 AM 9:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K. SALLY  
MAR 19 2018

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 368 THIRD INVESTORS 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:

George D. Perlman

**Name of Person**

George D. Perlman, P.A.

**Firm/Company**

1441 Brickell Avenue, Suite 1400

**Address**

Miami, Florida 33131

**City/State and Zip Code**

dens@gplawintl.com

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

For further information concerning this matter, please call:

Dena Cedrat

at 305 374-5646

**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

F734

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 MAR 16 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

368 Third Investors 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 August 30, 2017 and assigned  
Florida document number L17000185003

This amendment is submitted to amend the following:

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

SC CAMPER LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

F 734

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

FILED  
18 MAR 16 AM 8:55

| Title | Name | Address | Type of Action                  |
|-------|------|---------|---------------------------------|
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |

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

FILED  
18 MAR 16 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 March 15, 2018

Signature of a member or authorized representative of a member

GEORGE D. PERLMAN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00