

L18000085871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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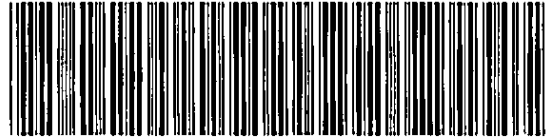
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE  
SECURITY DIVISION

18 JUN 21 PM 3:40

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JUN 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMKIN, 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:

Angela J. Jones

\_\_\_\_\_  
Name of Person

Locklin, Saba, Locklin & Jones, P.A.

\_\_\_\_\_  
Firm/Company

4557 Chumuckla Highway

\_\_\_\_\_  
Address

Pace, FL 32571

\_\_\_\_\_  
City/State and Zip Code

ajjones@ljslawfirm.com

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

For further information concerning this matter, please call:

Angela J. Jones

850 995-1102  
at ( )

\_\_\_\_\_  
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**

CAMKIN, 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 April 4, 2018 and assigned  
Florida document number L18000085871.

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 "C."

Enter new principal offices address, if applicable:

1709 Encina Way

(Principal office address MUST BE A STREET ADDRESS)

Milton, FL 32583

Enter new mailing address, if applicable:

1709 Encina Way

(Mailing address MAY BE A POST OFFICE BOX)

Milton, FL 32583

**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:

1709 Encina Way

Enter Florida street address

Milton

City

Florida 32583

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>
MGR	Devon L. Foresman	1709 Encina Way	<input type="checkbox"/> Add
		Milton, FL 32583	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Matthew S. Foresman	1709 Encina Way	<input type="checkbox"/> Add
		Milton, FL 32583	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


18 JUN 21 PM 3:40

SECRETARY OF STATE  
DIVISION OF CONCORDANCE  
18 JUN 21 PM 3:40

**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.

Dated

June 14, 2018

  
Signature of a member or authorized representative of a member

Matthew Foresman  
Typed or printed name of signee