

**B15000000 137**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

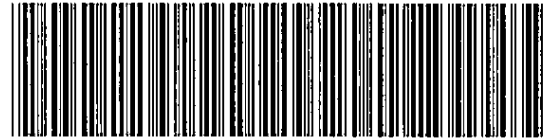
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400317079754

08/21/18--01015--020 \*\*52.50

AUG 25 2018  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Camp Roofing, LTD.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mark Breaux

Contact Person

Camp Roofing, LTD.

Firm/Company

15139 S. Post Oak Rd

Address

Houston, TX 77053

City, State and Zip Code

mbreaux@campconstruction.com

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

For further information concerning this matter, please call:

Mark Breaux at ( 713 ) 413-2267  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee    ☐ \$61.25 Filing Fee and Certificate of Status    ☐ \$105.00 Filing Fee and Certified Copy    ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Camp Roofing, LTD.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B15000000137

3. The jurisdiction of its formation is: Texas

4. The date the entity was authorized to transact business in Florida is: 05/21/2015

5. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Roger C Camp

15139 S. Post Oak Rd

☒ Add

☐ Remove

Houston, TX 77053

☐ Change

James R Budroe

15139 S. Post Oak Rd

☒ Add

☐ Remove

Houston, TX 77053

☐ Change

Jeffrey S Blevins

15139 S. Post Oak Rd

☒ Add

☐ Remove

Houston, TX 77053

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

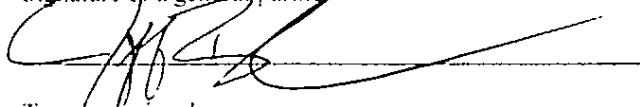
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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.)*

**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.

Signature of a general partner



Typed or printed name:

CAMP GP, LLC By: Jeffrey S Blevins, Member - President

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 25, 2018

James Robert Budroe  
6319 Ray Road  
Pasadena, TX 77505

Re: Construction Industry Licensing Board CILB 18  
Application Number: 429740, Profession 0605

Dear James Budroe:

Thank you for being one of our valued licensees. We appreciate the opportunity to assist you in this matter.

We received your request which we are unable to complete for the following reason(s):

1. Mr. Judson after our phone call Wednesday 7/25/18 I reviewed the application further and found the dates on the credit reports for the business and for Mr. James Budroe were out dated. Credit reports can not be older than 6 months from the date the applications are rec'd. and the credit reports submitted have a completion date of 01/25/2017. Please submit current credit reports. The business credit report must reflect the complete business name "Camp Roofing, LTD dba Camp Construction Services". The dba was not on the original credit reports. Required
2. As we covered on the phone the application (CILB18) to move the Roofing license for Mr. Budroe will need to be processed at the same time as the app for his General Contractor license to show that he qualify's 1 business with his 2 licenses. Or you would need to submit the CILB 19 application for the CGC license that would allow the roofing license to stay with Camp Construction Services Inc.
3. Please contact the Florida Division of Corporations at 850.245.6000 regarding the registering of the dba "Camp Construction Services" and about registering an Authorized Company Officer under the business name Camp Roofing LTD.

Please do not reply to this email

The department has examined your application and determined that your application is incomplete at this time. If you do not provide the information or documents requested in this letter, your application will remain in an incomplete status until it expires. You must provide a response to this notification for the department to take any further action on your application. If you would like to check the status of your application or have any questions, please visit our website at [www.myfloridalicense.com](http://www.myfloridalicense.com). You may also contact the department at [www.myfloridalicense.com/contactus](http://www.myfloridalicense.com/contactus) or by calling 850.487.1395.

850.487.1395

2601 Blair Stone Road  
Tallahassee, FL 32399-0783

[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)  
License Efficiently. Regulate Fairly.

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TALLAHASSEE, FLORIDA

To help us process your request more efficiently, please provide your application number on all correspondence. To submit the requested documentation you may either fax a copy of this letter along with your documents to 850.488.8040 or mail a copy of this letter and your documents to:

DBPR-Central Intake  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

Thank you in advance for your cooperation.  
DB

The information contained in this message is confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. If you choose to contact this office by email or provide information in an interactive form on our site, such information, unless otherwise exempted by Florida law, is a public record and must be made available for public inspection upon request. Thank you

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