LC2000077766

(Requestor's Name)
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COVER LETTER

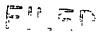
Tallahassee, FL 32314

TO: Registration S Division of Co			
A	TERPRISES, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven J McGary		
		Name of Person	
	CAM Enterprises, LLC		
		Firm/Company	
	9271 SW Sinoper Lane		
		Address	
	Port St Lucie, FL 34987		
	-	City/State and Zip Code	
	stevernegary@gmail.com	to be used for future annual report not	itication)
For further information of	concerning this matter, please c	-	incanon,
Steven McGary		772 528-2963	
Name (of Person	al () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address:	nation
Division of C		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO



ARTICLES OF ORGANIZATION
OF 2022

2022 JAH -3 PH 5: 02

CAM ENTERPRISES, LLC

SECRETARY OF STATE

(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 I	Liability Company were filed on 10/18/2	and assigned
Florida document number LO200027766	·	
This amendment is submitted to amend the fol	Howing:	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	.7.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new registered
agent and/or the new registered office addr		
Name of New Registered Agent:	Steven J McGary	
New Registered Office Address:		
New registered Office Address.	Enter Florida st	rect address
		, Florida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Steven J McGary	Steven J McGary	9271 SW Sinoper Lane	
		Port St Lucie, FL 34987	Z Remove
			□Change
MGR Carole A McGary	Carole A McGary	9271 SW Sinoper Lane	A Add
		Port St Lucie, FL 34987	□Remove
			□Change
			□ Add
			□Remove
			☐Change
			⊡Add
			□Remove
			□Add
		□ Remove	
			□Change
			□Add
			Remove
			Change

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i an effect <u>Note:</u> If	date, if other than the date of filing:
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ated	Dec 27 . 2021.
	Dec 27 . 2021. Carele Q. Mc Sary Signature of member or authorized representative of a member
	Carole A McGary Typed or printed name of signee

Filing Fee: \$25.00