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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration 9 Division of Co			
	erprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The one local Articles of	of Amendment and fee(s) are sub	omitted for filing	
	pondence concerning this matter	-	
	Steven J McGary		
		Name of Person	
	CAM Enterprises, LLC		
		Firm/Company	
	9271 SW Sinoper Lane		
		Address	<u> </u>
	Port St Lucie, FL 34987		- !
		City/State and Zip Code	 ;
	stevemegary@gmail.com		
		to be used for future annual report notification	on)
For further information	concerning this matter, please e	all:	
Steven McGary		772 528-2963	
Name	of Person		ephone 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 Addr Registration		Street Address: Registration Section	n
Division of	Corporations	Division of Corpora	ations
P.O. Box 63 Tallahassee		The Centre of Talla 2415 N. Monroe St	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAM ENTERPRISES, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability	Company were filed on 10/18/2002	and assigned
lorida document number 1.02000027766		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	-1' '
Principal office address MUST BE A STREET ADD	RESS)	
		,
Enter new mailing address, if applicable:		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		T C
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new regist
Name of New Registered Agent:		•
New Registered Office Address:	F. 11. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Enter Florida street add	ress
		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 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>	Type of Action
AMBR	Brian D McGary	15960 West Wind Circle	■Add
		Sunrise, FL 33326	□Remove
			□Change
	·		
			□Remove
			☐ Change
			☐ Remove
			CAdd
		·	□Remove
			□Change
			Remove
		- •	
			□Add
			□Remove
			□Chana.

Carole a. 7	xc/Jary	representative of a mamber	
ed March 13	2023 Xe Jary /Signature of a member or authorized		
s filed.	tive date, but not an effective time, a		
te: If the date inserted in this	ne date of filing: nust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.		
			<u>™</u> C
			11. V
			- (A) 1
		-	

Filing Fee: \$25.00