

L03000036202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

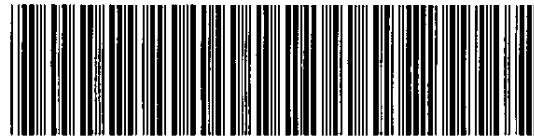
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

No \$



400156500354

07/14/09--01026--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
09 JUL 15 AM 8:32

G. MCLEOD

JUL 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAMERON CLINICS 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:

BLAINE CAMERON

Name of Person

CAMERON CLINICS

Firm/Company

6586 HYPOLUXO ROAD SUITE # 334

Address

LAKE WORTH, FL 33467

City/State and Zip Code

INFO@EBCMD.COM OR BLAINE218@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARSHA CAMERON

Name of Person

at (954)

8685201

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**

CAMERON CLINICS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
09 JUL 15 AM 8:32

The Articles of Organization for this Limited Liability Company were filed on L03000036202 and assigned
Florida document number 09/23/2003.

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 end with 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)

6586 HYPOLUXO ROAD

SUITE # 334

LAKE WORTH, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6586 HYPLOXO ROAD

SUITE # 334

LAKE WORTH, FL 33467

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:

28 W FLAGLER STREET SUITE # 202

Enter Florida street address

MIAMI

City

Florida

33130

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

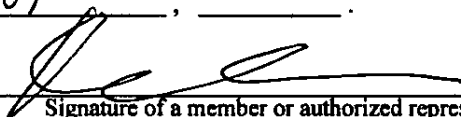
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	DUSTIN CAMERON	501 SW 75TH AVE NORTH LAUDERDALE FLORIDA 33068	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
COO	DOMINIC MCFARLANE	4147 HARDSTONE PLACE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

06/08/09



Signature of a member or authorized representative of a member

BLAINE CAMERON

Typed or printed name of signee