## L06000082299

(Requestor's Name)						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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NOV 12 PM S.

## **COVER LETTER**

Division of C	Section Corporations				
SUBJECT:	J'CAM Prope	ty Management LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
	spondence concerning this matte				
		Helen Borges			
Name of Person				÷ 2	
	J'CAM Property Management LLC			2010 NOV 12 PH 5: SECRETARY OF STA PALLAHASSEE FLOO	
Firm/Company				OV 12 ETARY HASSE	
	Post Office Box 55-7064			SEE C	
	•	Address		F 54 55	
		Miami, FI 33255			
		City/State and Zip Code		: 1	
	E-mail address:	camgt@comcast.net to be used for future annual report notific	ation)		
For further information	n concerning this matter, please	call:			
	Helen Borges	at ( <u> </u>	44-4673		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	lanagement	rs on our records			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	is on our records.			
The Articles of Organization for this Limited Liability Company	were filed on	August 3, 2006	<u> </u>	and assig	ned
Florida document numberL06000082299					
This amendment is submitted to amend the following:			Siece	2010 N	-
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	#	<b>V</b>	1
J'CAM Property Manager	ment Consultar	nts LLC	SSI	12	
The new name must be distinguishable and end with the words "Limi	ited Liability Comp	any," the designation '	"EDG"	or the ab	
"L.L.C."			FS	ن ح	
Enter new principal offices address, if applicable:	n/a		70 P	GD .	
(Principal office address MUST BE A STREET ADDRESS)			*		
		<del>.</del>			
Enter new mailing address, if applicable:	n/a				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the n	ame of	the new
Name of New Registered Agent: n/a	<del></del>	<del></del>			
New Registered Office Address:					
	En	ter Florida street ad	dress	* <b>-</b>	
	, Flor				
<del></del>	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	·				

Page 1 of 2

... 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 Type of Action Title Name Address ☐ Remove Remove □Add Remove \_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_October 28, Signature of a member or authorized representative of a member Helen Borges Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00