## 1220000001

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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**EXAMINER** 



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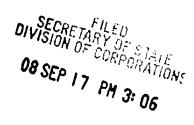
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DIVISION OF SURPORATION

## **COVER LETTER**

TO: Registration Sec Division of Corp			
suвјест: <u>Change</u>		ited Liability Company)	` <b>.</b>
	Amendment and fec(s) are sub	-	
,		Irfan Aslam	
		(Name of Person)	<del></del>
		Camitea, LLC	
		(Firm/Company)	
.•	2	(Address)	
		(Address)	
		Ocala, FL 34471	···
·	;	(City/State and Zip Code)	; • .
	t alternation forms	-11	
• •	oncerning this matter, please c	an: .,	
Irfan Aslam	·	at ( )	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)
Hz· n			
Registra Divisio P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Camitea, L						
(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 Lia Florida document number L08000000661	bility Company w	ere filed on <u>01/01/2008</u>	and assigned				
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the	designation "LLC" or the abbreviation				
Enter new principal offices address, if applica	ble:						
(Principal office address MUST BE A STREET	(ADDRESS)		<del> </del>				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>						
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:	Irfan Aslam						
New Registered Office Address:	2400 SE 36 Ave	·					
	(Enter Florida street address)						
	Ocala		, Florida <u>34471</u>				
		(City)	(Zip Code)				
New Registered Agent's Signature, if changing R	egistered 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>	Address	Type of Action
MGRM	Amer M. Mansour	5217 Glenivet Road Fort Myers, FL 33907	Add Add Remove
MGRM	Irfan Aslam	2400 SE 36 Ave, Unit C Ocala, FL 34471	
MGRM_	Shahneel S. Shikhaporia	11201 NW 23rd Court Coral Springs, FL 33065-3559	Add Remove
			Add Remove
· .	<u> </u>		Add Remove
· .	<u> </u>	· .	Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	essary.)
	·		
		•	
Dated	, _	- John	
	•	nber or authorized representative of a member  Irfan Aslam  /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00