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To:

Division of Corporations

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From:

Account Name : MARC L. SHAPIRO, P.A.

Phone

Account Number : I20080000007 : (239)649-8050

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CAMILA, LLC



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Electronic Filing Menu

Corporate Filing Menu

EXAMMER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CAMILA, LLC		
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companifornida document number L08000041267	y were filed on APRIL 24, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company," the designation	"LLC" of the abbreviation
Enter new principal offices address, if applicable:		≥R S
Principal office address MUST BE A STREET ADDRESS)		SS - manual
		m ² < ω *
Enter new mailing address, if applicable:		AM 8:
Mailing address MAY BE A POST OFFICE BOX)		हिंत ज
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address he 		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street a	(ddross)
	•	<i>ua. 000)</i>
· · · · · · · · · · · · · · · · · · ·	, Florida, City)	(Tim Code)
New Registered Agent's Signature, if changing Registered Agent	•	(Zip Code)

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)

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

YOLANDA V. JIMENEZ YOLANDA V. JIMENEZ AFARI. JIMENEZ + YOLANDA V. DE JIMENEZ, AS HUSBAND AND WIFE CORAL PALM TRUST	NAPLES, FL 34112 2965 BARRET AVENUE NAPLES, FL 34112 2965 BARRET AVENUE NAPLES, FL 34112] Add
A <u>fari. IIMenez+ Yolanda v</u> . de Jimenez, as hus d and and wife	NAPLES, FL 34112 2965 BARRET AVENUE NAPLES, FL 34112 2965 BARRET AVENUE	Add Remove
Jimenez, as husband and wife	NAPLES, FL 34112	Remove
CORAL PALM TRUST	2965 BARRET AVENUE NAPLES. FL 34112	Add Remove
		_
] Add] Remove
g any other information, enter change(s	here: (Attach additional sheets, if necessary)	Remove
Significant a member of	authorized representative of a member	<u></u>
	Signature of a member or CLAUE	2A-

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Filing Fee: \$25.00

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