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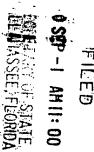
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S. HAWKES

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EXAMINER

## **COVER LETTER**

	ion Section of Corporations	·	*
SUBJECT: A	CAMS Investme	nts, LLC ted Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	AL Citro	Name of Person	
		stments, LLC Firm/Company	
	1118 SE 12t	h Avenue_ Address	
		City/State and Zip Code  City/State and Zip Code  Comcast biz. net  to be used for future annual report notification	nn)
For further informa  AL (	tion concerning this matter, please c	all:at ( <u>239) 574-64</u> Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ce \$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

HC&MS Investin	ents, ccc	
( <u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilifordida document number <u>L0900090</u>	ity Company were filed on 9121109 and assigned	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "I to be the horizontal above the company of the designation of the company of the compa	ations
Enter new principal offices address, if applicable	SET I	<b>,</b>
(Principal office address MUST BE A STREET A	DDRESS)	
	O	
	Dm O	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Y)	
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our records, enter the name of the address here:	new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del>-</del>	City Zin 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 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

Title Name **Address** Type of Action CAPE COANL FE 33990 Marm NANCY Citro Add Remove  $\square \Lambda dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 30 Dated \_\_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00