## L'09000104664

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SEGRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON NOV 2 3 2009

EVAMINER

## COVER LETTER \*

TO:	Registration S Division of Co		:		
SUBJI	ECT:	CAMVE	E CAPITAL LLC		
5050		Name of Lim	ited Liability Company	<del></del>	
The en	closed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	condence concerning this matte	r to the following:		
	TROY CAMERON				
		`	Name of Person		
CAMVEE CAPITAL LLC					
			Firm/Company		
800 SE 4TH ST. #402					
			Address	<del>*************************************</del>	
		FT L	AUDERDALE, FL. 33301		
		<del></del>	City/State and Zip Code		
			MCAM7@AOL.COM		
For fur	ther information	E-mail address: (	to be used for future annual report notification)		
			444.040	_	
		OY CAMERON of Person	at ( 954 ) 444-613  Area Code & Daytime Telephone		
	, 1653.10	o <b>.</b>	The Court of Day and Total process	. (4.1.0-5)	
Enclos	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy ddditional copy is enclosed)	
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 NOV 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 17, 2009

TROY CAMERON 800 SE 4TH ST # 402 FT LAUDERDALE, FL 33301

SUBJECT: CAMVEE CAPITAL LLC

Ref. Number: L09000104664

We have received your document for CAMVEE CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00035844

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E CAPITAL LLO			
( <u>Name of the Limited Liability</u> (A Florida Li	mited Liability Compan	y)		
The Articles of Organization for this Limited Liability Co Florida document numberL09000104664	ompany were filed on _	OCTOBER 29, 2009	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Cor	npany," the designation "LLC	C" or the abl	breviation
Enter new principal offices address, if applicable:			00	SIAI6 3S
(Principal office address MUST BE A STREET ADDRI	ESS)		Š	<u> </u>
			- <del>2</del>	# <u>=</u> -
Enter new mailing address, if applicable:			) P <del>1</del>	2707.0 2707.0
(Mailing address MAY BE A POST OFFICE BOX)			** ***	RIA A
			:ตก	New Year
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		n our records, <u>enter the</u>	name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:		Enter Florida street addres		·····
	Enter r torida street daaress			
	City	, Florida	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>	Name	Address	Type of Action
MGRM	TROY CAMERON	800 SE 4TH ST. #402 FT LAUDERDALE, FL 33301	Add Remove
·			Add Remove
			☐ Add ☐ Remove
			Add Remove
	-		☐Add ☐Remove
·			□Add □Remove
D. If am	nending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
	THE REASON FOR THIS AM	MENDMENT IS TO STATE THAT TROY	_
	CAMERON IS A MANAGING	PARTNER AS WELL BUT WAS NOT STATED IN	_
	THE ORIGINAL DOCUMENT	TS. AT THIS TIME TROY CAMERON IS JUST	
	STATED AS A REGISTERED	D AGENT.	
Dated	NOVEMBER 13 Signature of	2009	SEGRETARY DIVISION OF CO
		TROY CAMERON	<b>PH</b> RP 95
		Typed or printed name of signee  Page 2 of 2	RATIO
			Z.

Filing Fee: \$25.00