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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division	of Corpo	rations					
SUBJECT:		Camino					
	Name of Limited Liability Company						
The enclosed Art	icles of Ar	nendment and fee(s) are sub	omitted for filing.				
Please return all o	correspond	ence concerning this matter	to the following:				
			Neil S. Strin				
		Name of Person					
		Camino Rentals LLC					
		Firm/Company					
		989 Whippoorwill Blvd					
	Address						
	West Palm Beach, FL 33411						
		City/State and Zip Code					
	nsstring@bellsouth.net E-mail address: (to be used for future annual report notification)						
For further inform	nation con	cerning this matter, please o			,		
		Stringer	at (_561	/	90-4489		
	Name of P	erson	Are	a Code & Daytime T	elephone Number		
Enclosed is a che	ck for the	following amount:					
\$25.00 Filing	Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional	Fee & oppy copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER ADDRESS: Registration Section					
		of Corporations	Division of Corporations				
	P.O. Box Tallahass	6327 Clifton Building ee, FL 32314 2661 Executive Center Circle		er Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camino Rentals LLC (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 Liability Company were filed on November 16, 2009 and assigned Florida document numberL09000110438
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address Florida
City Eip 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 ana

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 <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Remove ☐ Add ☐ Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amending Articles of Organization Article II Business Purpose to state: The purpose of this company is to engage in any lawful act or activity for which a Limited Liability Company may be formed under the Limited Liability Statutues of the State of Florida July 27 2012 Dated_ Signature of a member of authorized representative of a member Neil S. Stringer Typed or printed name of signee

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Filing Fee: \$25.00