L10000112302

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Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
CAMISCO	DLLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Juan C Cortes			
	1.12	Name of Person		
	Centauri Consulting Limite	ed LLC		
		Firm/Company		
	717 NW 6th Dr.			
		Address		
	Boca Raton, FL 33486			
		City/State and Zip Code		
	juan.cortes@centaurilimited	Leom to be used for future annual report n		
Paris Cambras In Communities of			ouncan(m)	
	concerning this matter, please ca			
Juan C. Cortes		305 3429869 at ()	time Telephone Number	
Name (of Person	Area Code Day	time Telephone Number	
Enclosed is a check for t	he 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)	
Mailing Addre	<u>ss:</u>	Street Address:		
Registration	Section	Registration (
Division of O P.O. Box 632	-	Division of C The Centre o		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number 1.10000112302	Company were filed on 10/27/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		ω
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flor	rida
	City	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cristian E Murillo	100 SE 3rd Av.	
		Suite 1000	□Remove
		Fort Lauderdale, FL 33394	Change
			□Add
			□Remove
		□Change	
			🗖 Add
		□ Remove	
			☐ Change
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		□Change	
		DAdd	
		□ Remove	
			□Change
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		 	□Remove
			□ Change

	e III
Add t	he language enclosed
	
	9-26-2-24
fan effective <u>Note:</u> If the	date, if other than the date of filing:
record spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the