

L10000126272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260100027

05/16/14--01021--012 **25.00

FILED
14 MAY 16 AM 11:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

5:00 PM MAY 23 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWCO CONDO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID DWECK

Name of Person

NEWCO CONDO, LLC

Firm/Company

4851 W. HILLSBORO BLVD SUITE A-4

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

DDWECK@GATE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID DWECK

Name of Person

at (954) 354-1000

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

NEWCO CAMO, 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 12/08/2010 and assigned

Florida document number L10000126272

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)

4851 W. HILLSBORO BLVD
SUITE A-4
COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4851 W. HILLSBORO BLVD
SUITE A-4
COCONUT CREEK, FL 33073

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:

NANCY FENREIRA

New Registered Office Address:

4851 W. HILLSBORO BLVD SUITE A-4

Enter Florida street address

COCONUT CREEK, Florida 33073

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.

Nancy Fenreira

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>RENATA WOZNAK</u>	<u>22076 PALMS way</u>	<input type="checkbox"/> Add
		<u>UNIT 105</u>	<input checked="" type="checkbox"/> Remove
		<u>BOLA RAWN, FL 33433</u>	
<u>MGR</u>	<u>DAVID DWECK</u>	<u>4851 W. HUESBURY BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>SITE A-4</u>	<input type="checkbox"/> Remove
		<u>COCONUT CREEK, FL 33073</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAR 16 AM 11:50
RECEIVED
FLA. SEC. FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

5/14/2014

Signature of a member or authorized representative of a member

DAVID DUNECK

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAY 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA