L11000096353

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000214126 3))

H12000214126ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6333

From:
Account Name : TARAVS & ASSOCIATES, P.A.
Account Number : I20110000055
Phone : (954)590-5519
Fax Number : (954)337-0565

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAMERON 6950, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

RECEIVED
12 AUG 28 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 AUG 28 AM 7:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 30 2012
T. HAMPTON

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 7:05

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAMERON 6950, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

8/22/11

The Articles of Organization for this Limited Liability Company were filed on ~~L11000096353~~ and assigned Florida document number ~~NONE~~ L11000096353

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 "L.L.C." or the abbreviation "L.L.C."

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: MARIA B. PARJUS

New Registered Office Address: 1730 MAIN STREET SUITE 212
Enter Florida street address

WESTON, Florida 33326
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 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

Title	Name	Address	Type of Action
MGR	GERMAN ORTEGA	8950 SUNRISE DRIVE CORAL GABLES FL 33133	☐ Add ☑ Remove
MGR	GERMAN LUIS ORTEGA	8950 SUNRISE DRIVE CORAL GABLES FL 33133	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 08/24/12

Signature of a member or authorized representative of a member

GERMAN ORTEGA

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 7:05

Filing Fee: $25.00

To: Page 3 of 6 2012-08-27 23:32:36 (GMT) 19543370568 From: Maria Parlus