

L11 000048589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600254771046

12/30/13--01002--001 **25.00

JAN - 3 2014

T CLINE

2013 DEC 30 PM 2:56

2013 DEC 30 PM 2:56

2013 DEC 30 PM 2:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camino Group 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:

Kristina Orbakaite
Name of Person

Camino Group LLC
Firm/Company

9601 Collins ave PH405
Address

Bal Harbour, FL 33154
City/State and Zip Code

MONIKA @ MAASIKAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIKA Muuga at (561) 908-4752
Name of Person 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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2013 DEC 30 PM 2:56

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Camino Group 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 8/27/2011 and assigned
Florida document number L11000098589

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

131 ORCHARD RIDGE LANE
BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

131 ORCHARD RIDGE LANE
BOCA RATON, FL 33431

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:

MONIKA MUUGA

New Registered Office Address:

131 ORCHARD RIDGE LANE

Enter Florida street address

BOCA RATON, Florida 33431
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>KRISTINA</u> <u>ORBAKAITE</u>	<u>9601 Collins ave PH405</u>	<input type="checkbox"/> Add
		<u>Bal Harbour, FL 33154</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MONIKA</u> <u>MULGA</u>	<u>131 ORCHARD RIDGE</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33431</u>	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated December 10th, 2013.



Signature of a member or authorized representative of a member

KRISTINA ORBAKAITE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 30 PM 2:57
SECRETARY OF STATE
ALABAMA