## L12000059172

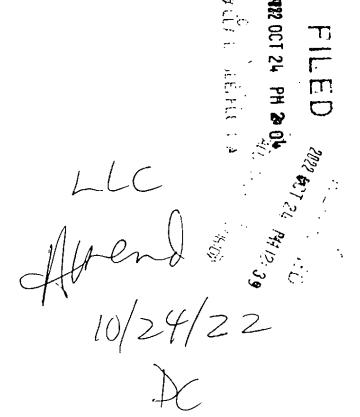
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to f	Filing Officer:

Office Use Only



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10/24/22--01006--008 \*\*25.00



## **COVER LETTER**

Registration Section TO: Division of Corporations

SUBJECT:	Cam Realty	and Property Management		
		Name of Limi	ted Liability Company ,	
The enclosed		unendment and fee(s) are sub	-	
Plęase returr	all correspon	dence concerning this matter	to the following:	
		Beth Atalay		
			Name of Person	
		Cam Realty and Property N	Aanagement	
			Firm/Company	
		15701 HWY 50 Suite 204		
			Address	
		Clermont FL 34711		
			City/State and Zip Code	
		bethatalay@gmail.com  E-mail address: (t	o be used for future annual report notific	ration)
For further i	nformation co	ncerning this matter, please ca	all:	
Beth B Atal			407 929-1852 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
<b>3</b> \$25.00 l	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>LAM</u> K	CALTY	AND BOY	CRZY M	ANGGO	(Mow)
(Name of the Limite	ed Liability Compar A Florida Limited L	ny as it now appears o liability Company)	n our records.)	4	` ک
The Articles of Organization for this Limited Li. Florida document number	ability Company	were filed on	05-01-	/2_and assig	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
The new name must be distinguishable and contain the wa	ords "Limited Liabili	ity Company," the desig	gnation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)		1017 50 c	Sune 30 - 34711	<u>4</u>
Enter new mailing address, if applicable:				<del></del>	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			7	<del></del>
B. If amending the registered agent and/or re		ddress on our reco	ords, <u>enter the na</u>	me of the rew	
agent and/or the new registered office addres				PH 2	
Name of New Registered Agent:	BENG.	1 BITH AT	BLMY	<u> </u>	
New Registered Office Address:	57010	Enter Florida  City	TEZOS street address		
	Clur	vn s	, Florida _	39711	
		Ciņ <sup>.</sup>		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>	<u>Name</u>	Address	Type of Action
D6B_	BAH AIALDA	15701 HWY 50 SUITE 204	□ Add
		CLERMONT FL 34711	□Remove
			Za Change
MGB BENGIBOTI ATE	BENGIBOTI ATALAH	1570/HWY50 SUITELOG	EAdd
		(LERMINT FL 347/1	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
	<del></del>		□ Add
			□Remove
			□ Change
			□∧dd
			□Remove
			□ Change

). If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	10/34/2012
	Signature of a member or authorized representative of a member
	BETHE ATALAX
	Typed or printed name of signee

. 3