## L13000003712

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SECRETARY OF STATE DIVISION OF CORPURATIONS

JUN 1 8 2013

T. HAMPTON

## **COVER LETTER**

Division of Corporations
SUBJECT: CAMO FISHING CLC
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:
Alan L Wilson Name of Person
CAMO FISHING 116
CAMO FISHING LLC Finn/Company
14298 ARDEL DR.
Address
PALM BEHCH GARDENS, FL 33410 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan L Wilson at (561) 313-4384  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified to 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

	16 22C	
( <u>Name of the Limited I</u> (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
	i whom Elimited Eliminity Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on <u>Ana</u>	14 Fr 2013 and assigned
Florida document number <u>L13000003</u>	3712	<b>13</b> . Dec
		SECRETA IVISION OF
This amendment is submitted to amend the follow	anima.	N KE ST
This amendment is submitted to amend the following	wing.	- COXP
A. If amending name, enter the new name of	the limited liability company here:	Y OF STA
		N RATA
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
13.13.6.		
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
Wanting duaress MAT BE A FOST OFFICE B		
B. If amending the registered agent and/o	r registered office address on our rec	ords, enter the name of the new
registered agent and/or the new registered off	•	ortes the sum of the lieu
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Fu. El.	rida street address
	Enter Pior	taa sireet aaaress
		_, Florida
	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** THOMAS ALAN WILSON 14298 Ardel Dr. Add MGRM Palm Beach 6 grdyns, FL 33410 Remove MGRM JARROD LEE WILSON 14298 Ardel Dr. Add Palm Beuch Galdens, FL 33410 Remove

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-	June 3 2013.
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	(Mar In Jan
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  AIV WI/SOR

Page 3 of 3

Filing Fee: \$25.00