

## L13000067206

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	)
(Do	cument Number)	
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SECRETARY OF STATE

N. Guttgen JUN 1 7 2013

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAMILO INVESTM	IENTS, LLC	
		<del></del>
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
	- <b></b>	Driving Record
Requested by: SEth	06/14/12	UCC 1 or 3 File
Name	$\frac{06/14/13}{\text{Date}}  {\text{Time}}$	UCC 11 Search
INAME	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN 14 AM 9: 54

CAMILO INVESTMENTS, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears (bility Company)	on our reco	rds.)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000067206</u> .		May 8,		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
6463 Sunset House, LLC				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the desig	nation "LL(	C" or the abbreviation
Enter new principal offices address, if applicable:	n	/a ·	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				····
Enter new mailing address, if applicable:	n	/a		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records,	enter the	name of the new
Name of New Registered Agent:	n	/a		
New Registered Office Address:				
	Enter	Florida si	reet addres	SS
		, Flo	rida	
	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

or Managii	g Member being added or removed	from our records: n/a	
MGR = Ma MGRM = N	nager Aanaging Member		
Title	Name	Address	Type of Action
			Add
		·	Remove
			····
			Add
			Remove
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			Remove

fame	nending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)		
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-		•		
_				
_				
d	June 11 2013			
	"X" Proseco			
	Signature of a plember or authorized representative of a m	ember		
	Virginia Orozco MGRM			
	Typed or printed name of signee			

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Filing Fee: \$25.00

SECRETARY OF STATE