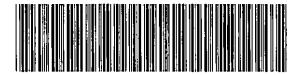
## 14000003395

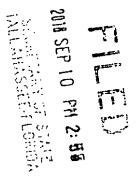
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)           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

Office Use Only



500318195485

09/10/18--01011--004 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations          |   |  |                         |            |               |
|--|---|--|-------------------------|------------|---------------|
| SUBJECT: OCCAM   | md, LLC nited Liability Company   |  |                         |            |               |
| The enclosed Articles of Amendment and fee(s) are su       | bmitted for filing.   |  |                         |            |               |
| Please return all correspondence concerning this matter    | r to the following:   |  |                         |            |               |
| Ad   | rienne Litle  |  |                         |            |               |
|  | Cammd, LLC Firm/Company   |  |                         |            |               |
| 124 S. Fra   | un Kin St<br>Address  |  | 7.10                    | 20         |               |
| Tampa, F   | City/State and Zip Code   |  |                         | 2010 SEP 1 | 234<br>624    |
| <u>adrienne. L</u><br>E-mail address:                      | The Coccamteing Ye  | oup-Com  | (7) 77<br>(1) 75<br>(1) | 0          | ₽<br>₽~       |
| For further information concerning this matter, please of  | call:   |  |                         | PN 2:      | Bernel Bern 1 |
| Name of Person   | at ( <u>727</u> ) <u>243 -</u><br>Area Code Daytime                       | 1445<br>Telephone Number   |                         | 653<br>653 |               |
|  |   |  |                         |            |               |
| Enclosed is a check for the following amount:              |   |  |                         |            |               |
| \$25,00 Filing Fee \$\times \text{Certificate of Status}\$ | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee<br>Certificate of Sta<br>Certified Copy<br>(additional copy is et | atus &                  |            |               |
|  |   |  |                         |            |               |

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

| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | y as it now appears on our records.) ability Company)  |                                      |
|---|--|--------------------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number <u>LI 4 00003395</u> | vere filed on 177120H  | and assigned                         |
| This amendment is submitted to amend the following:   |  |                                      |
| A. If amending name, enter the new name of the limited liability  | ity company here:  |                                      |
| The new name must be distinguishable and contain the words "Limited Liability                                   | y Company," the designation "LLC" or the ab  | breviation "L.L.C."                  |
| Enter new principal offices address, if applicable:   |  |                                      |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 20 2                                 |
|   |  | S                                    |
|   |  | · 湯 · 下                              |
| Enter new mailing address, if applicable:   | Ilimited liability company here:  "Limited Liability Company." the designation "L.L.C." or the abbreviation "L.L.C."  DDRESS)  Enter Florida street address  City  Limited Liability Company." the designation "L.L.C."  Enter Florida street address  Florida  City  Lip Code  tered Agent:  ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and ad agent as provided for in Chapter 605, F.S. Or, if this document is |                                      |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                                      |
|   |  |                                      |
| B. If amending the registered agent and/or registered office address here:                                      |  | **                                   |
| Name of New Registered Agent:   |  |                                      |
| New Registered Office Address:  |  |                                      |
| New Neglistered Villet Address.   | Enter Florida street address   |                                      |
|   | , Florida  |                                      |
|   | Сиу  | Zıp Code                             |
| New Registered Agent's Signature, if changing Registered Agent:   |  |                                      |
| provisions of all statutes relative to the proper and complete p  | verformance of my duties, and I am f<br>vovided for in Chapter 605, F.S. Or,   | amiliar with and if this document is |

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> | Name           | Address           | Type of Action       |
|--------------|----------------|-------------------|----------------------|
| Director     | Gordon Ryerson | 2816 North Pointe | Lando Add            |
|              |                | Tampa, FL 33611   | Remove               |
|              |                |                   | □ Change             |
|              | <del></del>    | <del> </del>      | D Add                |
|              |                |                   | Remove               |
|              |                | ·                 | Change               |
|              |                |                   | Add                  |
|              |                |                   | Remove               |
|              |                |                   | 2018 SEP 10 PM 2: 51 |
|              |                |                   | □ Change             |
|              |                |                   | Remove               |
|              |                |                   | Change               |
|              |                | <del></del>       | Add                  |
|              |                |                   | Remove               |
|              |                |                   | □ Change             |

| _                            |   |              | _              |
|------------------------------|---|--------------|----------------|
| _                            | <del></del>   |              | _              |
| _                            |   |              | _              |
| _                            |   |              | _              |
| _                            |   |              | _              |
| _                            |   |              |                |
| _                            | <del>-</del>  | <u>.</u>     | _              |
| _                            |   |              | _              |
| _                            |   |              | -              |
| _                            | <del>-</del>  |              | _              |
| _                            |   | <u> </u>     | 201 <b>8</b>   |
| _                            |   | - E.         | SEP            |
|                              |   | <u> </u>     | 0.0            |
|                              |   | 1111         | <del>-</del> P |
|                              |   | . (1)<br>고 다 | ्र<br>- ५५     |
|                              |   | F.F.         | _ <b>&amp;</b> |
| If an effe<br><u>Note:</u> ∃ | re date, if other than the date of filing: QUQ 10, QOIV (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date with the effective date on the Department of State's records. |              |                |
|                              | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o<br>90th day after the record is filed.   | n the earl   | lier of:       |
| Dated _                      | aug 10 2018   |              |                |
|                              |   |              |                |
|                              | Signature of a member or authorized representative of a member  |              |                |

Page 3 of 3

Filing Fee: \$25.00