

L14 0000 20612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

DANILO SANTANA
5401 S KIRKMAN RD SUITE 105
ORLANDO, FL 32819

SUBJECT: CAM VACATIONS LLC
Ref. Number: L14000020612

We have received your document for CAM VACATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00012619

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CAM VACATIONS 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:

DANILO SANTANA

Name of Person

USTAX CONSULTING INC

Firm/Company

5401 S KIRKMAN RD SUITE 105

Address

ORLANDO FL 32819

City/State and Zip Code

SUPPORT@USTAXCONSULTING.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO SANTANA

Name of Person

at **407** **674 - 8969**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAM VACATIONS 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 02/06/2014 and assigned
Florida document number L14000020612.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

XXXXX N/A XXXXX

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)

5401 S KIRKMAN RD

SUITE 105

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 S KIRKMAN RD

SUITE 105

ORLANDO, FL 32819

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:

XXXXX N/A XXXXX

New Registered Office Address:

XXXXX N/A XXXXX

Enter Florida street address

XXXXX N/A XXXXX

City

XXXXX N/A XXXXX

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 17, 2014



(Signature of a member or authorized representative of a member)

DANILO SANTANA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
JUN 17 2014
TALLAHASSEE
FLORIDA
CLERK OF THE COURT