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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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COVER LETTER

TO: F	Registration Se Division of Cor	ction , poratiòns		3
SUBJEC [*]	8992 Camb	ria Circle, LLC	•	
SUBJEC	1: <u></u>	Name of Lim	ited Liability Company	·····
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Michael L. Michetti, Esqui	re	
		.	Name of Person	
		Woods, Weidenmiller, Mic	chetti & Rudnick, PL	
Firm/Company				
9045 Strada Stell Court, Fourth Floor Address				
			City/State and Zip Code	
		mmichetti@lawfirmnaples.c		
		E-mail address: (I	to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Michael L	Michetti		239 325-4070 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e 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

B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		SEP 15 PH 1: 44
registered agent and/or the new registered office Name of New Registered Agent:	address here:	SEP 15 PH
registered agent and/or the new registered office Name of New Registered Agent:		SEP 15 P
registered agent and/or the new registered office		SEP I
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		ter the name of the
		2*A
(Mailing address MAY BE A POST OFFICE BOX	κ)	
Enter new mailing address, if applicable:		
Timespui office address most be A STREET A	DDRESS)	
Principal office address MUST BE A STREET A		
Enter new principal offices address, if applicable		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
3992 Cambria Court, LLC		
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the followir	g:	
Florida document number L14000065457	·	
	ity Company were filed on April 22, 2014	and assigned
The Articles of Organization for this Limited Liabil		
	ability Company as it now appears on our records.) lorida Limited Liability Company)	

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 amendin	g Authorized Person(s) authorized to r	uthorized to manage, enter the title, name, and address of each person being added		
MGR = M AMBR = A	Ianager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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fective date, if other than the date o	f filing: August 14, 201:	5	(optional)	
n effective date is listed, the date must be spec	ific and cannot be prior to d	ate of filing or more than	90 days after filing.) Pursu	ant to 605.0
te: If the date inserted in this block doe cument's effective date on the Departme	s not meet the applicable int of State's records.	statutory thing requi	rements, this date will n	ot de listed
record specifies a delayed effect	tive date, but not a	n effective time, a	at 12:01 a.m. on th	ie earlier
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Filing Fee: \$25.00