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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CAM 595 L	OT 3, LLC		
SOBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are subr	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter (to the following:	
		RICHARD G. TOLEDO		
			Name of Person	
		CAM 595 LOT 3, LLC		
			Firm/Company	
		999 BRICKELL AVENUE	EPH 1101	
			Address	
		MIAMI, FL 33131		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		accounting@isanic.com E-mail address: (1	to be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please ca		
RICHARD G. TOLEDO		305 577-9977 at ()		
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d 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

CAM 595 LOT 3 LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Florida document number L14000069738	y were filed on _	04/29/2014	and assigned	
This amendment is submitted to amend the following:				B NOV - ECRETAR ECRETAR
A. If amending name, enter the new name	of the limited lia	bility company h	iere:	ISS II-
NONE				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the	designation "LLC" or the	abbrevialion L. C.
Enter new principal offices address, if appli	NONE		31,4	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NONE		
B. If amending the registered agent and registered agent and/or the new registered of			n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	NONE			
New Registered Office Address:	NONE			
		Enter Fle	orida street address	
		, 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 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 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>	<u>Name</u>	Address	Type of Action
MGR	NICOLAS MATTOS	1060 BRICKELL AVENUE	■ Add
		APT 4405	□ Remove
		MIAMI, FL 33131	Change
MGR	ISABELLA MATTOS	1060 BRICKELL AVENUE	B Add
		APT 4405	□ Remove
		MIAMI, FL 33131	□ Change
			_ □ Remove
			Change
			☐ Remove
			□ Change
			Remove
			☐ Change
			□ Add
			☐ Remove

•	NONE					
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Effec	tive date, if other than (the date of filing:		(optional)	
Note:	ffective date is listed, the date If the date inserted in this nent's effective date on the	s block does not meet th	ne applicable statutor	ng or more than 90 day ry filing requirement	s after filing.) Pursuant to s, this date will not be	605,0207 (3 listed as th
	cord specifies a delage 90th day after the r		but not an effec	tive time, at 12:	01 a.m. on the ea	rlier of:
ated	OCTOBER 30	201	8			
		0 /01 1		REPLESE UT	4	
	(/ 11)		1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 •	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00