

L14000070549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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18 OCT 15 AM 7:02
STATE
TALLAHASSEE, FLORIDA

K SALY
OCT 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2018

CAM 585 LOT 11-6, LLC
RICHARD G. TOLEDO
999 BRICKELL AVE. PH 1101
MIAMI, FL 33131

SUBJECT: CAM 595 UNIT 11-6, LLC
Ref. Number: L14000070549

We have received your document for CAM 595 UNIT 11-6, LLC and your check(s) totaling \$665.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 918A00020240

RECEIVED
2018 OCT 15 AM 10:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAM 595 UNIT 11-6, 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:

RICHARD G TOLEDO

Name of Person

CAM 595 UNIT 11-6, LLC.

Firm/Company

999 BRICKELL AVENUE PH 1101

Address

MIAMI, FL 33131

City/State and Zip Code

accounting@isanic.com

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

For further information concerning this matter, please call:

RICHARD G. TOLEDO

305 416-0202

at ()

Name of Person

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 595 UNIT 11-6, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/29/2014 and assigned
Florida document number L14000070549.

This amendment is submitted to amend the following:

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

NONE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NONE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NONE

(Mailing address MAY BE A POST OFFICE BOX)

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:

NONE

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	PAOLA CASTILLO RIBON	999 BRICKELL AVENUE	<input type="checkbox"/> Add
		PH 1101	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

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SOLICITORS
TALLAHASSEE, FLORIDA

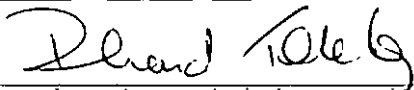
E. Effective date, if other than the date of filing: OCTOBER 05, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 03 2018



Signature of a member or authorized representative of a member

RICHARD G TOLEDO

Typed or printed name of signee