L14000 112500

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor			
CAM RE L	LC		
SURJECT:	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are substantial substantial this matter	_	
	Joseph N. Perlman, Esquin	e	
•	***************************************	Name of Person	
		Firm/Company	
	1101 Belcher Road S Ste F	3	
		Address	
	Largo, FL 33771		
		City/State and Zip Code	
	sadic@perlmanlawfirm.com	n to be used for future annual report notifi	oution)
•	•	•	cation
For further information c	oncerning this matter, please co	ail:	
Joseph N. Perlman, Esquire		727 536-2711	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne 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

CAM RE LLC		
(Name of the Limited Lia (A Fig.	ability Company as it now appears on or orida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liabilit	by Company were filed on 7-16-201	4 and assigned
This amendment is submitted to amend the following	5.	
A. If amending name, enter the new name of the	limited liability company here:	
Advantage Home Investments LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the ne
registered agent and/or the new registered office a	indi ess nere.	
Name of New Registered Agent:	• •	
Maine of New Registered Agent.		
New Registered Office Address:	Enter Florida str	not address
	isiner Piopinal sire	
	City	, Florida
	City	гір Соде

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Address **Type of Action Name** ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove _□ Change □ Remove _ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

•	
	<u> </u>
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	,
Effection (If an o	ctive date, if other than the date of filing:
the n	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	Jolanopo
	Jeogannia 3
	Signature of a thember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00