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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: CAM HEALTH LLC  Name of Limited Liability Company	
remit of Emilion Educativy Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALLYSON CHAMBERS  Name of Person  CAN USOLTH LLC	
CINI FICHELLE	
CAM HEALTH LLC Firm/Company 7556, LAKE WORTH RD #105	
Address	
LAKE WARTH FC 33467  City/State and Zip Code  Lou @ Lou PATREN CPA, COM  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
LOU @ LOUPATREN CPA, COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lou PATTEN at 526 868-0426  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subseteq}\$	tus &
•	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAM HEALTH				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears liability Company)	on our records.		
The Articles of Organization for this Limited Liability Company Florida document number 41500072983	were filed on	1/24/15	and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re:</u>		
NO CH	HANGE	_		
The new name must be distinguishable and contain the words "Limited Liabili		<del>-</del>		
Enter new principal offices address, if applicable:	NO	CHANGE	$\subseteq$	
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	
			130	r.M
Enter new mailing address, if applicable:			h	111111
(Mailing address MAY BE A POST OFFICE BOX)	11		70 - 1	
				ည် <u>ကို</u> <u>(နှင့်)</u>
			06	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the	name of t	he new
	•			
Name of New Registered Agent:	NO	CHANGE		
New Registered Office Address:				
	Enter Flori	da street address		
	1	, Florida		
	City	Z	ip 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 **Title** <u>Name</u> **Address Type of Action** DIXIE BROWN 257 FENNEL DUN CIRCLE WAD BILTMORE LAKE NC 28715 Remove \_□ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Remove ☐ Change ☐ Remove ☐ Change

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Effective	date, if other than the date of filing: 9-28-16 (optional)	
If an effect Note: If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	nt to 605.0207 ( ; be listed as t
he recor The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	earlier of:
Dated	9-28, 2016. allyson chambers	
	ally chan love	<b>8</b>
	Signature of a member or authorized representative of a member	—000 —000
	Signature of a member or authorized representative of a member	- 11 130 - 11 130
	Signature of a member or authorized representative of a member  ALLYSON CHAMBERS  Typed or printed name of signee	:1 Hd 11 130

Page 3 of 3

Filing Fee: \$25.00