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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAM HEALTH 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:

ALLYSON CHAMBERS
Name of Person

CAM HEALTH LLC
Firm/Company

7556 LAKE WORTH RD #105
Address

LAKE WORTH FL 33467
City/State and Zip Code

LOU@LOUPATTENCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOU PATTEN at (561) 868-0426
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

CAM HEALTH LLC

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9-28-16

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Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

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