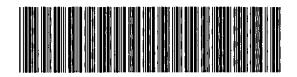
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(Requestor's Name)
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NOV 10 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CAM HOUDINGS & Name of Limited	HANAGEMENT I Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to	the following:	
Cath	erine Jemus	
	Name of Person	
	Firm/Company	
2228 How	lard Drive	
winher T	Park, Fl 32789	
Cat	@ Catlemus.com	
E-mail address: (to be For further information concerning this matter, please call:	e used for future annual report notification	on)
Cotheriue Lewus Name of Person	at (407) 462-10 Area Code Daytime Tele	322 ephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\sum \text{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

<u>CAM HOLDINGS & M</u>	ANAGEMENT	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>115000169898</u> .	npany were filed on 10/04/2015	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records, enter th	NOV -9 PM 3: 32e new
registered agent and/or the new registered office address	s here:	y
Name of New Registered Agent:		
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Catherine Lemus	2228 Howard Brive	🗹 Add
		Winter Park, Fl 30789	□ Remove
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Cective date, if other than n effective date is listed, the date: If the date inserted in cument's effective date or	this block does n	ot meet the applic	able statutory filis	(opt nore than 90 days after ag requirements, th	ional) er filing.) Pursuant to 605.026 is date will not be listed a
record specifies a de The 90th day after th			t an effective	time, at 12:01	a.m. on the earlier
ted November					
	John	A Me	lnyk	e of a member	
	U ignature (or a morniour or author	representativ	e or a monitori	

Page 3 of 3

Filing Fee: \$25.00