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COVER LETTER

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TO: Registration Section Division of Corporations						
SUBJECT: Camp Creek Inve	esments, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Statement of Correction and fee(s) are sub	omitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Lisa A. Mitchell						
Name of Person						
Firm/Company						
PO BOX 1508						
DeFuniak Springs, FL	32435					
lisa@mitchelltitle.com						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please ca	HASSER - HASSER					
Lisa Mitchell	<u>(850 892-6982 </u>					
Name of Person	Area Code Daytime Telephone Number					
STREET/COURIER ADDRESS; Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						

\$55 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

\$25 Filing Fee

■ \$30 Filing Fee & Certificate of Status

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The na	me of the limited liability company is: Ca	mp Creek Invesr	ments	, LL	C
SECO THIRI	<u>D</u> :	The Florida Document number of the limite Document to be corrected is: Articles	of Organization	<u></u>		
X	Contain statement Car	ns an incorrect statement. The incorrect states are as follows: np Creek Invesments, Ll	nent, the reason the statement C is supposed t	is incorrec		
•		np Creek Investments, Le an error in spelling of name, s		ts. Not	Inves	sments.
		fectively signed. The manner in which the dows:	ocument was defectively signe	d and the a	appropr	iate correction are
	 OR			TALLAHASSE TALLAHASSE	2015 NOV -9	Control of
	The ele	ctronic transmission of the record was defect	ve	65/5 Date:	n th to ∀	
Signatu acceptii	ire of nev	v registered agent, if applicable :(NOTE: if c signation).	orrecting the registered agent,	the new re	_	d agent must sign
I hereb provisio obligati	y accept ons of ali ions of m a change	Agent's Signature, if changing Registered A the appointment as registered agent and agre statutes relative to the proper and complete y position as registered agent as provided for in the registered office address, I hereby con	e to act in this capacity. I furth performance of my duties, and in Chapter 605, F.S. Or, if th	l I am fami is documei	liar wii nt is be	th and accept the ing filed to merely
Registered Agent's Signature						
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	ı		