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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

APR 13 2016 3. BRUCE

COVER LETTER

TO: Registration Sect Division of Corpo		_	
SUBJECT:	Camina Name of Dimi	By Dris ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Rhen	nda Barn Name of Person	es_
		Firm/Company	
	6180	Lenton Blvd Address	2 NW LOT 11 8 FL 32547
	Fort W	alton Beach	1, FL 32547
	DC D (E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For further information cor	ncerning this matter, please ca	all:	2016 TALL
Rhonda Name of I	Burnes_	at (85D) 496 Area Code Daytime	-220超 章 工
Enclosed is a check for the	following amount:		Telephone Number 2
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

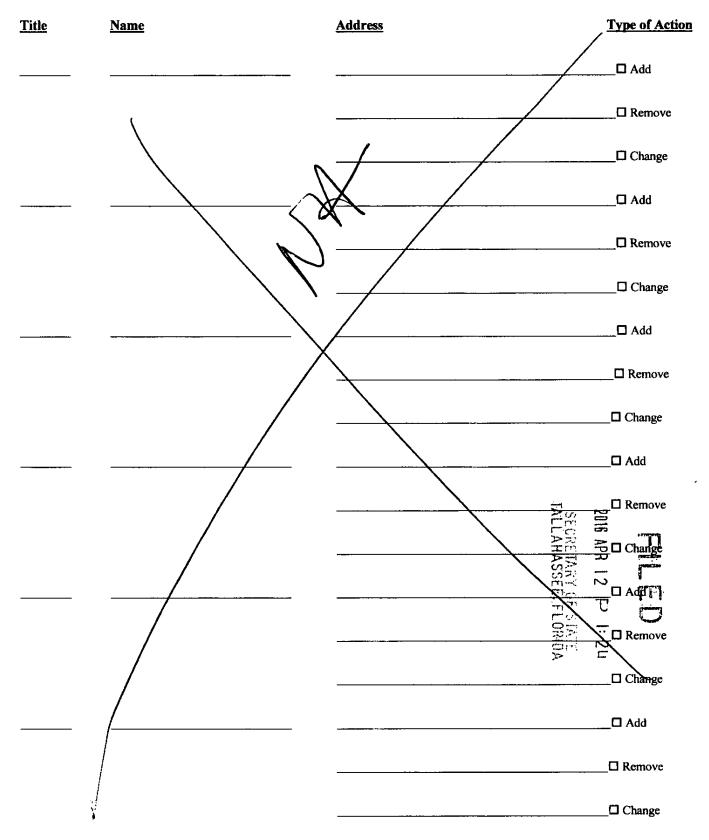
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camina B	u Oris
(Name of the Limited Liability Compan (A Florida Limited Li	v.as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number \(\begin{align*} \blue{\lue{\bue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\blue{\bue{\blue{\blue{\bue{\bue{\bue{\bue{\bue{\bue{\bue{\b	vere filed on 2/26/1le and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile O(5) C O(1) L L C The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	A A A A A A A A A A A A A A A A A A A
New Registered Office Address:	Enter Florada street address
 .	Florida T Zip Code
New Registered Agent's Signature, if changing Registered Agent:	/ 21.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 600 F.S. Or, if this document is
If Chang	ing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or emoved from our records:

MGR = Manager AMBR = Authorized Member



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ote: If the date i	other than the date listed, the date must be sp inserted in this block d	oes not meet the	applicable statuto	ing or more than 9 ory filing require	(optiona O days after fili ments, this da	ı l) ng.) Pursu te will n	ant to 605.0	0207 d as
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Filing Fee: \$25.00