## L16000214831

(Requestor's Name)	
(Address)	90035
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/19/20
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900350599569

08/19/28--01008--013 \*+25.00

2C.3

Amund

OCT 015 7020

I ALBRITTON

## COVER LETTER



TO: Registration Section
Division of Corporations

CAM PLUMBING OF FLORIDA LLC

SUBJECT:	Name of Limi	tted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Howard Chappell		
		Name of Person	
	Chappell Law Group		
		Firm Company	
	5237 Summerlin Commons	s Blvd, #366	
		Address	<del> </del>
	Fort Myers, FL 33907		
		City/State and Zip Code	<u> </u>
	heclaw@comcast.net		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
Howard Chappell		239 337-9875	
Name o	f Person .	at () Area Code Daytime	· Telephone Number
Enclosed is a check for the	ic 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAM PLUMBING OF FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/23/2016}{1}$ and assigned Florida document number L16000214831 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3716 4th Street SW Enter new principal offices address, if applicable: Lehich Acres, FL 33976 (Principal office address MUST BE A STREET ADDRESS) 3716 4th Street SW Enter new mailing address, if applicable: Lehich Acres, FL 33976 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	3F MANAGEMENT, LLC	1755 BOY SCOUT DR	
		FT MYERS, FL 33907	■Remove
	•		
			⊟Remove
			Change
		<u> </u>	□Remove
			TChange
			□Remove
			□Remove
			Change
	<del>.</del>		
			□Remove
			-Change

	•				<u>-</u>
		_			
	·-···	<del></del> -			
		<del></del>		<del>_</del>	
		_			
			<u></u>		
		·			
				<u> </u>	
				<del></del>	
			_		
			· <del></del>		
			<del></del>		
					<del></del>
ective date, if other than the offective date is listed, the date must	date of filing:		La a managa alama (10) (	_ (optional)	or to 605 000
e: If the date inserted in this blo	ck does not meet th	e applicable statute	ory filing requireme	ents, this date will not	be listed a
ument's effective date on the De	partment of State's	records.			
, ,,				0.41, 49, 00,1	
cord specifies a delayed effective s filed.	date, but not an eff	ective time, at 12:0	H a.m. on the earti	er of: (b) The 90th c	iay atter th
ed AUGUST 14	202	0			
	20//				
2/ (~	1/2 /1				

THE TO CAR OF

Typed or printed name of signee