Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-CAM PLUMBING OF FLORIDA LLC

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K. Brumbley

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: CAM PL	UMBING OF FLORIDA	LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JANINE SKIPPER			
		Name of Person		
	CONTRACTORS R	EPORTING SERVI	CE INC	
		Firm/Company		
	23110 SR 54			
		Address		· · · · · ·
	LUTZ, FL 33549			
		City/State and Zip Code		
	INFO@activatemylic E-mail address: (cense.com to be used for future annual r	report notification)	
For further information c	oncerning this matter, please c	all:		
JANINE SKIPPER		813 93	32-5244	
Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Ad</u> Registra	Idress: ttion Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CAM DELIMBING OF ELODIDA LLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Linbility ((A Florida Lin	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L16000214831	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
CAM TOTAL SERVICE OF FLORIDA LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Ph. 13
	Lity Storida Sip Code
New Registered Agent's Signature if changing Registered A	, , , , , , , , , , , , , , , , , , ,

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

From: Janine Skipper . Fax: 19139325244 To: Div of Corps -LLC Fax: (850) 617-6383 Page: 5 of 6 12/07/2023 12:19 PM 58 3)))

DocuSign Envelope ID: 792DBCE9-BBBC-45FA-97EF-B03B6C0AF0E0
II amenuing Authorized rerson(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>	Name	Address	Type of Action
			□ ∧dd
			□ Remove
			□Change
			□Add
			□ Remove
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			□Change

ii amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/29/2023
	Occusigned by:
	7E869E:C170F48F iature of a member or authorized representative of a member
	DANNY CAMIS
	Typed or printed name of signee