117000079301

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

Office Use Only



700316465927

07/31/16--01011 --Sta (#*21.0)

SECRETARY OF STATE

JUL 31 PH 5: 43



COVER LETTER

TO: Registration Solution of Con			
SUBJECT: <u>(ar</u>	routus Salos	S & Seruces ited Liability Company	UC
The enclosed Articles of	Amendment and feets) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jesus</u>	Camauta Name of Person	
	<u>Camoutos</u>	Sales & Server	ces UC
	4505 131	St Ave N #27	}-
	Clearwater	FWRIDA Z	3762
		17 @ Gnail.c	
For further information of	oncerning this matter, please ca	ili:	
Maria S	Sanchez (Person	at (<u>727)</u> <u>687</u> Area Code Daytim	- 7888 ne l'elephone Number
Enclosed is a check for t	ne following amount:		
\$25,00 Filling 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Citele Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Camautos</u>	Sales & Service	ce UC.
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number 117000793		102017 and assigned
This amendment is submitted to amend the following	ā.	
A. If amending name, enter the new name of the	limited liability company here:	6 F
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviations LLC "
Enter new principal offices address, if applicable	: 	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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, 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
<u>MGR</u> 8	Salas-Barbora Nelverik E.	4505 131st Ave N #27 dearwater, Fl	Add
		#27 dearwater, Fl	Kemove
		33762	Change
			🗅 Add
			☐ Remove
			Change
			Add ⊃رر
			© Remove
			Change S
			A Wild E
			Remove
			Change
			_D Add
		D R	_□ Remove
			Change
			D Add
			_□ Remove
			_□ Change

_	
_	
-	
-	
_	
_	
_	
_	
	Control of the contro
_	
_	
_	
E. Effectiv	ve date, if other than the date of filing:
Note: 1	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The	90th day after the record is filed.
Dated_	
	n a de l'alle
	Signature of a dember of authorized copy sentative of a member

Page 3 of 3

Filing Fee: \$25.00