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(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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SECRETARY OF STATE
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## COVER LETTER

TO: Registration Se Division of Cor			
Cam Van	I.L.C		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		
	Cam Van		
		Name of Person	<del></del>
	Cam Van LLC DBA Faith	Adjuster	
		Firm Company	
	1217 Bennett Rd		
		Address	
	Orlando, FL 32814		
	Faithadjuster(g gmail.com	City/State and Zip Code	
	h-mail address: ()	to be used for future annual report notific	cations
For further information of	concerning this matter, please ea	ill;	
Cam Van		321 527-9891 at ( )	
Name o	if Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	JNG ADDRESS:	STREET/COURT Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cam Van LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as It now appears on our ed Liability Company)	ecords.)
The Articles of Organization for this Limited		ny were filed on 05/15/2018	and assigned
Florida document number £18000121142			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
Faith Adjusters, LLC			
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation	"LI,C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	_AZA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/F	TAULA T
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address h	office address on our re ere:	cords, enter the name of the prev
Name of New Registered Agent:			023 023 020 020 020 020 020 020 020 020
New Registered Office Address:	N/A		7.º
		Enter Florida street i	address
			_, Florida
		Ciņ	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> Cum Van	Address 1217 Bennett Rd	Type of Action
MGR .			
	Orlando FL 32814	Remove	
		☐ Change	
		□ Remove	
			☐ Change
		Add	
		Remove	
			☐ Change
	<del></del>	Add	
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f an effe <u>Note:</u>	ve date, if other than the date of filing:  A (optional)  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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Jated	Movember 6 2019
-	

Page 3 of 3

Typed or printed name of signer

Filing Fee: \$25.00