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#### **COVER LETTER**

Registration Section

Tallahassee, FL 32314

## Division of Corporations CAM MANAGEMENT OF SWFL LLC SUBJECT: \_\_\_\_\_\_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sam J. Saad III Name of Person Law Office of Sam J. Saad III Firm/Company 2670 Airport Road South Address Naples, Florida 34112 City/State and Zip Code jsizemore@saadlegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeri L. Woody Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 88E42575-2DBF-4C9A-BF1F-BEFD0FAFE440

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAM MANAGEMENT OF SWFL 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 April 15, 2019

Florida document number L19000103680

This amendment is submitted to amend the following:

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Plorida street address

, Florida j

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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

Title	Name	Address	Type of Action
MGR	Michelle Barre		CIAdd
		12980 Positano Circle, Unit 307 Naples, FL 34105	<b>≡</b> Remove
			Change
	· 		□lAdd
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Bed/1931DA68426. Signature of a member or authorized representative of a member	13	April 16 2020
,	Dated	— DocuSigned by:
$\cdot$		
Matthew W. Jahnke		Bedressidables. Signature of a member or authorized representative of a member
		Matthew W. Jahnke