

L19000 108 556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

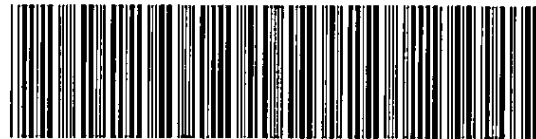
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 PM 4:18

*Amend*

OCT 10 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMISHOP LLC

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:

MARIET OSTOS

Name of Person

SUCCESS BUSINESS SOLUTIONS

Firm/Company

2751 S. CHICKASAW TRAIL, SUITE 106

Address

ORLANDO, FL 32829

City/State and Zip Code

PAYROLL@MARIETOSTOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIET OSTOS

407

745-4684

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

10 SEP 23 PM 4:48  
STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

CAMISHOP 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 04/22/2019 and assigned  
Florida document number L19000108556.

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10238 FALCON TRACE PARC BLVD

APT 102

ORLAND, FLORIDA 32832

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10238 FALCON TRACE PARC BLVD

APT 102

ORLA

**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:**

SILVA, CARLA

**New Registered Office Address:**

10238 FALCON TRACE PARC BLVD, APT 102

*Enter Florida street address*

ORLANDO

*City*

Florida 32832

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLA K. SILVA	10238 FALCON TRACE PARC BLVD	<input type="checkbox"/> Add
		APT 102	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32832	<input checked="" type="checkbox"/> Change
MGR	MIGUEL A. CORREDOR	10238 FALCON TRACE PARC BLVD	<input type="checkbox"/> Add
		APT 102	<input type="checkbox"/> Remove
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 18, 2019

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee