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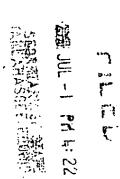
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TO:	Registration Se Division of Cor		5).			
SUBJE	Cam's Org	anics LLC					
SUBJE		Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	indence concerning this matter	to the following:				
		Rommy A Poll					
			Name of Person				
		Cam's Organics LLC	ne of Limited Liability Company s) are submitted for filing. is matter to the following: Name of Person LC Firm/Company venue Address 4771 City/State and Zip Code nail.com address: (to be used for future annual report notification) please call: at (
			Firm/Company				
			Address				
	Saint Cloud, FL 34771						
		rommyschoen@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	ification)			
For furt	her information c	oncerning this matter, please c	all:				
Romm	y a Poll			184			
	Name o	f Person		ne Telephone Number			
		ne following amount:					
\$25							
		Certificate of Status		Certified Copy			

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

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

company has been notified in writing of this change.

Te	=			
ARTICLES OF C				
О	F			
Cam's Organics LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our ra liability Company)	ecords.)		
	~₁ . May 28, 20°	19		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number L19000140550		¥;		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
,				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."		
	4831 Calasans Avenue			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FI 34771			
Enter new mailing address, if applicable:	4831 Calasans Avenue			
(Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud, FI 34771			
B. If amending the registered agent and/or registered of		cords, enter the name of the new		
registered agent and/or the new registered office address here	2:	·		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
New Registered Office Address.	Enter Florida street a	ddress		
		Claufela		
	City	Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	e to act in this canacity	I further goree to comply with the		

If Changing Registered Agent, Signature of New Registered Agent

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

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 = N	Manager Authorized Member		
<u>Title</u> AMBR	<u>Name</u> ROMMY A POLL	Address 4831 CALASANS AVE SAINT	Type of Action
———		CLOUD,FL 34771	Add
			Remove
			☐ Change
MGR	LEONARDO OLIVEIRA	16106 SW 136 TERR MIAMI,FL 33196	∃ Add
			Remove
	15014000 0111500		☐ Change
AR 	LEONARDO OLIVEIRA	16106 SW 136 TERR MIAMI, FL 33196 	
			Remove
			Change
			□ Add
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			☐ Change

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ective date, if	other than the	date of filing	•			(optional)	
effective date is tee. If the date in	listed, the date mus nserted in this blove ve date on the Do	t be specific and o ock does not me	cannot be prior cet the applic	able statutory f	or more than 90 d iling requireme	ays after filing.) Pu	rsuant to 605.020 I not be listed a
record speci he 90th day	fies a delayed after the reco	effective da ord is filed.	ate, but no	t an effectiv	e time, at 1:	2:01 a.m. on	the earlier o
6/24/2019							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00