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## **COVER LETTER**

	Registration Sec Division of Corp				·	
SUBJECT:	CAMICARO	OGUN LLC				
300000		Name of Lim	ited Liability Company			
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspon	dence concerning this matter	to the following:			
		CARLOS G MOSTEIRO				
			Name of Person			
		CAMICAROGUN LLC				
			Firm/Company			
		19522 GALLEON POINT	DR			
			Address			
		LEHIGH ACRES, FL 339	36		2	
		LASAMENICAS E-mail address: (	City/State and Zip Code  Word G GMark to be used for future annual report notif	LO M	2023 FILER 29 PH 4: 33	1
For furth	er information co	ncerning this matter, please ca	all:			•
CARLO	S G. MOSTEIRO		at (239) 82J	6249	三	•
	Name of	Person		e Telephone Number	77.72	
Enclosed	is a check for the	following amount:				
<b>■</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Mailing Address:		Street Address:			

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMICAROGUN LLC	
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	<u>t now appears on our records.)</u> y Company)
The Articles of Organization for this Limited Liability Company were	filed on 11/7/2019 and assigned
Florida document number L19000278700	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	023 H
Enter new mailing address, if applicable:	ALL.
(Mailing address MAY BE A POST OFFICE BOX)	* 12
<u> </u>	
	Ple E
B. If amending the registered agent and/or registered office addre	ss on our records, enter the name of the new registered
agent and/or the new registered office address here:	Fi **
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Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
C	ity 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
AMBR	CAMILA E. MOSTEIRO PINOLA	19522 GALLEON POINT DR	\ <b>\</b> Add
		LEHIGH ACRES. FL 33936	□Remove
			□Change
			🗆 Add
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			□Change
			Add 073 HRemove
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			🗆 Add
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			Remove
			□ Change

CARLOS G MOST	EIRO WILL HAVE 40%		
VALERIA A PINO	LA WILL HAVE 40%		
CAMILA E. MOST	EIRO PINOLA WILL HAVE	20%	
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effective date is utica, u :: If the date inserted iment's effective date	on the Department of State's	t be prior to date of filing or more than 90 days after filing.) Pursu the applicable statutory filing requirements, this date will no records.	
ord specifies a delaye filed.	d effective date, but not an eff	fective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
MARCH 16TH		· Al	

Filing Fee: \$25.00