

L20 0000 775 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

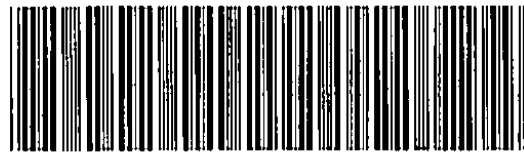
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300346083201

06/26/20 10:01:13 -024 *

2020 JUN 26 PM 2:10
FILED - NOT RECORDED

45
8/6/

TO: Registration Section
Division of Corporations

CAMPHAN 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:

Yen Nguyen

Name of Person

CAMPHAN LLC

Firm/Company

7630 Torino Ct

Address

Orlando, Florida 32835

City/State and Zip Code

camphan.llc@gmail.com

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

For further information concerning this matter, please call:

Yen Nguyen

408

668-4912

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 Address:

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

TO
ARTICLES OF ORGANIZATION
OF

CAMP HAN 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 01/21/2020 and a
Florida document number 120000027533.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cam Sunrise LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>

7/10/16 11:24 AM

700 JUL 26 PM 2:04

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

Dated 06/22, 2020

YEN NGUYEN

Typed or printed name of signee