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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cambridge 5081 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:
Claudia Marinott
Cambridge 5081 LLC
2199 NE STRAVE.
Boca Raton FL. 33431. City/State and Zip Code Claudia_marinotf@yahoo.com. E-mail address: (to be used for future annual report notification)
Claudia_marinotf@yahoo.com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudia Marino H at (501) 990 89 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cambridge S	5081 LLC.
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000231</u>	ompany were filed on Oct. 012024 and assigned (26).
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7024
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registere
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

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
Mgr	Eric Salama	1351 Alrport Rd	□Add
J		JUCKSonville, FL	Nemove
		<u>3</u> 3318.	□ Change
			□Add
			□Remove
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an effective lote: If the		ust be specific and block does not r	d cannot be prior t neet the applica	o date of filing or more	than 90 days after fi	i al) ling.) Pursuant to 605.0207 date will not be listed as
record spe is filed.	cifies a delayed effect	tive date, but no	t an effective tin	ne. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
	October	24	<u> 2024</u>	<u>∸</u> •		
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ated	Claus	,	M Q e Q member or author	izeo representative of	a member	