

L20000315200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

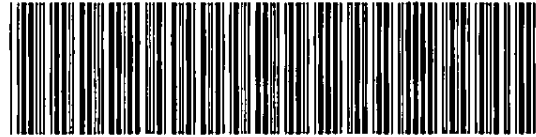
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 20 2021

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAMECA BOUTIQUE 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:

CAMECA SCOTT

Name of Person

CAMECA BOUTIQUE LLC

Firm/Company

2600 NW 56TH AVE APT 309

Address

LAUDERHILL, FL 33313

City/State and Zip Code

camecascott3@gmail.com

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

For further information concerning this matter, please call:

CAMECA SCOTT

228 437-6985
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

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

CAMECA SCOTT 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 10/06/2020 and assigned
Florida document number L20000315260.

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:

4208 NW 12TH ST

(Principal office address MUST BE A STREET ADDRESS)

LAUDERHILL FL 33313

Enter new mailing address, if applicable:

2600 NW 56TH AVE APT 309

(Mailing address MAY BE A POST OFFICE BOX)

LAUDERHILL, FL 33313

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:

CAMECA SCOTT

New Registered Office Address:

2600 NW 56TH AVE APT 309

Enter Florida street address

LAUDERHILL

City

Florida 33313

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CAMECA SCOTT	2600 NW 56TH AVE APT 309	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FL. 33313	<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 24TH 2020

CAMECA SCOTT

C. Scott

Filing Fee: \$25.00