L20000322263

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
(Only/Otate/Elp/) Holle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Cookie, Lando),		
Control Control		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
}		
<u>- </u>		

Office Use Only



800359270548

02/04/21--01013--030 **60.00

2021 FEB 34 AM 7: 30

O SIMMONE MAR 22 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limi	nmon Cray LLC ited Liability Company) ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jerry (Camon J Name of Person	
	•		
	Camon A	Holdings LLC	
		Firm/Company	
	5755 NW	7th AVE AP19	
		Address	
	miami, Fu	City/State and Zip Code	
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
) evv/(l	City/State and Zip Code (1/1/10/17/P, 4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	fication)
For further information co	oncerning this matter, please ca	•	
Jerry Cam		at (<u>786)</u> <u>B20</u> Area Code Daytim	0104
Name of	renon	Area Code Dayum	e Telephone Number
Enclosed is a check for th	e 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

The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number L20006322263This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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		The street street	
Title	<u>Name</u>	Address FEB 34 AH 7: 30	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.):
	2021 FER 34 APT 7: 30
	, 50
	//
E Con	tive date, if other than the date of filing:
lfane)	ffective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	ment's effective date on the Department of State's records.
the reco	ord 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
cord is f	ı̃led.
Dated	January 25 2021.
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	A - Care Ar
	Signature of a member or authorized representative of a member
	Jerry (amn)
	Typed or printed name of signee /

ET: E 625.00