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## **COVER LETTER**

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TO: Registration Sec Division of Corp			
SUBJECT: EX	TENSIONS 1	PLUS by CAMI	LA LLC
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
	CAMIL	A ASHBY Name of Person	
	EXTENS	IONS PLUS BY	CAMILA LLC
	6249	Edge watte	DA. VI H 1143
	Orlan	do, FL 32	810
	E-mail address:	City/State and Zip Code  ASHSY @ ULLO  (to be used for future annual report notifical	tion)
For further information co	oncerning this matter, please o	rall:	
	_	$\frac{2}{2}$ at $\frac{32}{\text{Area Code}}$ $\frac{287}{\text{Daytime Te}}$	SECRETARY SEP -5
Enclosed is a check for the	e following amount:		SEP P IT
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate off Status Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Section Division of Corporate of Tall	rations
Tallahassee, F		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Comparison of Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	
Enter new principal offices address, if applicable:	6249 Edgewater Dr VI # 114
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	102 VISTA Verdi Cucla #328
	Lake Mary FL 32746
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the the registered
Name of New Registered Agent:	mela Why is
New Registered Office Address: 624	19 Edgewater Diffe IVIII 1143  Enter Florida street address
_Oi	landes, Florida 377 264 6
New Registered Agent's Signature, if changing Registered Agen	nt:

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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		<del> </del>	TEST CXdd
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			□Change
		<del></del>	□Add
			□Remove
		·	Change
		-	□Add
			□Remove
			□ Channa

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Filing Fee: \$25.00