

L21000486777

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2024 MAR 15 AM 11:31  
SEC. OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMVAS 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:

C/O GILDA ALMEIDA

\_\_\_\_\_  
Name of Person

GILDA ALMEIDA LAW, PLLC

\_\_\_\_\_  
Firm/Company

1001 BRICKELL BAY DRIVE SUITE 2700 #3

\_\_\_\_\_  
Address

MIAMI FL 33131

\_\_\_\_\_  
City/State and Zip Code

GILDA@GILDAAALMEIDA.COM

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

For further information concerning this matter, please call:

GILDA ALMEIDA

786 456 6167  
at ( )  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

CAMVAS 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 11/12/2021 and assigned Florida document number 1.21000486777.

This amendment is submitted to amend the following:

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

NA

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

1286 SW 44th terrace

Deerfield Beach FL 33442

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1286 SW 44th terrace

Deerfield Beach FL 33442

**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:

NA

New Registered Office Address:

NA

*Enter Florida street address*

NA

Florida NA

*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. On 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**

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NOV 15 AM 11:31  
CLERK OF DISTRICT COURT  
FLORIDA  
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
		NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

NA

E. Effective date, if other than the date of filing: NA (optional)

(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)

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

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

March 12, 2024

Signature of a member of the \_\_\_\_\_

JOSE IVAN V MARTINIC

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL