## Florida Department of State

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(((H23000185069 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T. CAMERON PROPERTY HOLDINGS FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		Property Holdings Florida LLC	2	
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter to	o the following:	
		Taylor L. Norris, Esq.		
			Name of Person	
		Cohen, Norris, Wolmer, Ra	y, Telepman, Berkowitz & Cohen	
			Firm/Company	
		712 U.S. Highway 1, Suite	400	
		·····	Address	
		North Palm Beach, FL 33408		
City/State and Zip Code				
		kd@cohennorris.com	o be used for future annual report notif	(ication)
For fur	ther information o	concerning this matter, please ca		
Karin !	Drakas		561 844-3600 at (	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>≡</b> \$2	5.00 Filing Fee	S30.00 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 Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of 1	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T. Cameron Property Holdings Flor	ida LLC			
(Name of the Limit	ed Lishility Compa (A Florida Limited I	ny as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L22000264892  This amendment is submitted to amend the foll  A. If amending name, enter the new name of	iability Company owing:	were filed on 06/09/2022		and assigned
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applic		712 U.S. Highway 1		
(Principal office address MUST BE A STREE		Suite 400		
Principal office address MUST BE ASTALL	A ADORESSI	North Palm Beach, FL 33408		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		712 U.S. Highway 1  Suite 400  North Palm Beach, FL 33408  address on our records, enter the name of the new registered		
Name of New Registered Agent:	Taylor L. Non	ris	-	2023 11
New Registered Office Address:	712 U.S. High	way I, Suite 400	-	
New Registered Office Addition.	·	Enter Florida stre	et address	
	North Palm Be	each	, Florida 33408	
		City	Z	ip Code
New Registered Agent's Signature, if changing	Registered Agent	Ŀ		ST ST
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete	e performance of my di	ities, and I am Jamii	liar wiin ana

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

05-118-23	03:38pm	From-
43 IV L3	43.345111	1 1 0 11

T-636 P.04/05 F-476
If amending Authorized Person(s) authorized to manage, enter the title, name, and auuress of cach person or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			Change
			□Remove
			Change
			□Add
			□ Change
			□Change
			\ \ \
		TRemove	
		Change	
			□Remové
			□Change

f amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
_ <del></del> ,	
<u> </u>	
<del></del>	
<del></del>	
Note: If the date insc	ther than the date of filing: (optional)  ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 arted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records.
ne record specifies a de ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 17	2023
J	Signature of a member or authorized representative of a member
Taylor L.	V Norris
	Typed or printed name of signee

Filing Fee: \$25.00