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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

12/19/2022

D	ate: 12/19/2022		- w: DW
		Acc#I20160000072	4 Com
Name:	CAM-711 O	cala LLC	
Document #:			
Order #:	14685927		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

COVER LETTER

Division of Cor			
CAM-711 (
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jodi Eitel		
		Name of Person	
	Kayne Law Group		
		Firm/Company	
	612 Park Street, Suite 100		
		Address	
	Columbus, Ohio 43215		
		City/State and Zip Code	
	jeitel@kaynelaw.com E-mail address: (to be used for future annual report noti-	lication)
For further information c	concerning this matter, please c		
Jodi Eitel		614 223-8800	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 DEC 19 AHII: 13

CAM-711 Ocala LLC

s as it now annears on our records	
ability Company)	TALLAHA SSERVE
were filed on 12/12/22	
ity company here:	
ty Company," the designation "LLC"	" or the abbreviation "L.L.C."
ddress on our records, <u>enter</u>	the name of the new registered
Enter Florida street addres.	N'
, Flo	orida
City	Zip Code
performance of my duties, an	rther agree to comply with the ad I am familiar with and
	ity company here: Ty Company," the designation "LEC ddress on our records, enter Enter Florida street addres City Te to act in this capacity. I fu

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
			□Remove
			☐ Change
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<u>Note:</u> If the date inserted in this bidocument's effective date on the D	lock does not n Department of S	neet the applic State's records.	able statutory i	iling requirem	ents, this da	te will n	ot be hs	ted a
e record specifies a delayed effectiv rd is filed.	ze date, but not	an effective ti	me, at 12:01 a	.m. on the earli	er of: (b) = '	The 90th	day afte	er the
		2022						
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Dated		· -	<u> </u>					
10 11	Signature of a							

Filing Fee: \$25.00