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COVER LETTER

TO: Registration Se Division of Cor		• •			
SUBJECT:	mmleri_	ed Liability Company	s LLC		
	ng for Spell	ling change of	f business	due t	J)
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing. being v	nispelled u	shen fi	.
	ndence concerning this matter to		1	•	
. († .)	•	J. C. Camp Name of Person		ila	
vas tited	<u>Cammil</u>	ler Insta	Mations	LLC	
ammileri	5404 12	leri Insta e Chimicopperlling) the Avenue D	rive wes	+	
	Brad-ent Rosaca	City/State and Zip Code 15 1010 @ ab	209 f. cam	2023 JAN 10 PM 3: 3	-
For further information of	oncerning this matter, please cal	H:	1	0 . <u>P</u> : []]
Mothew C	Cammiller	at (904) 55 c Area Code Daytime	2-5229=1	မှ မှ 35	}
Enclosed is a check for th	ne 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 Sta Certified Copy (additional copy is er	atus &	

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 OF

Cammileri Ins	ta llations L	LC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were florida document number <u>L 22000 531</u> . 23		3_ and assig	ined
This amendment is submitted to amend the following:	, 1	_	. 11 .
A. If amending name, enter the new name of the limited liability of	company here:	Camm	illeri
amending Spelling Covrection The new name must be distinguishable and contain the words "Limited Liability Co	mpany." the designation "LLC" or the	Insta	llations
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		2023	
Enter new mailing address, if applicable:		AN IO	1-145.9
Mailing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1.44
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B. If amending the registered agent and/or registered office address and/or the new registered office address here:	ess on our records, enter the na	me of the new	<u>registered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Grace Francial Street dam CSS		

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.

City

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 = AMBR =	Manager = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing) F	UT Pursuant to	605.0207 (

Filing Fee: \$25.00