L23000081211

(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Susiness Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900415119749

09/97/23--01009--018 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations				
SUBJECT:	Gami r LLC					
SUBJECT:						
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return	all correspo	ondence concerning this matte	r to the following:			
		Dvora Weinreb, Esq.				
Name of Person						
		Law Offices of Dvora M.	Weinreb, P.A.			
			Firm/Company			2
20283 State Road 7, Suite 400						023 SE SECRE
			Address			7 P
Boca Raton, FL 33498						
		dvora@dwpalaw.com	City/State and Zip Code			2023 SEP -7 AH 8: 32 SECRETARY OF STATE SECRETARY OF STATE
			(to be used for future annual i	report notification)		高温 2
For further in	formation c	oncerning this matter, please	call:			
Dvora Weinreb		954 274 ar ()	1-7730			
	Name o	f Person	Area Code	Daytime Telepho	ne Number	
Enclosed is a	check for th	ne following amount:				
≘ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc!		Certified	e of Status &
Reg	ing Addres istration S			tion Section		
	. Box 632			i of Corporation itre of Tallahass		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camir LLC.		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C florida document number 1.23000081211	Company were filed on 02/14/2023	and assigned
This amendment is submitted to amend the following:	_	2023 SEC
A. If amending name, enter the new name of the limi	ited liability company here:	SEP -
he new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	32
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		77_dd.
	Enter Florida street address	!
		orida
	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. 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
MGR	Amir Rath	6620 Boca Del Mar Dr Apt 702 Boca Raton, Fl 3343.	3 ≘ Ad d
			□Remove
			□Change
			□Add
		SECRETALL	Remove
		100 mm (mm) (mm) (mm) (mm) (mm) (mm) (mm)	
			9: 33 DRemove
			□Change
			_ □Add
			_ □Remove
			_ Change
		·-·	_ 🗀 Add
			_ □Remove _ □Change
			_ DAdd
			_ □Remove
,			□Change

									
						·			
		_							-—
 -			_						· <u> </u>
							· <u> </u>		
 _		· <u>.</u>							
				<u></u>	<u> </u>				
						 .			
			<u>.</u>					SE(ار ا ا
								三声 6	ان ال الم
							·····	. TH.	<u> </u>
						· · · · ·		<u> </u>	重量
								m.c.	<u>ဟ</u> '
 -						············		72	32
				·		·			
							_		
	te, if other than the date	of filing:				(op	tional)	Ì	
Effective dat	ate is listed, the date must be splate inserted in this block do	ies not me	et the applic	cable statuto:	ng or more th ry filing req	an 90 days af uirements, t	ter filing his date	.) Pursuant will not b	to 605.0207 be listed as
it an effective d Note: If the o	Hechve date on the Denarta	tent of Sta	ate's records	•					
t an effective d Note: If the o									0 1
if an effective d Note: If the o document's e		but not a	n effective t	ime, at 12:0	l.a.m. on the	earlier of:	(b) Ti	ie Q0th dai	c uller the
if an effective d Note: If the o document's e record speci	fies a delayed effective date,	but not a	n e ffective t	ime, at 12:0:	a.m. on the	earlier of:	(b) Ti	ie 90th day	y alter the
if an effective d Note: If the of document's e e record speci- rd is filed.	fies a delayed effective date,				l a.m. on the	earlier of:	(b) T	ne 90th day	y alter the
if an effective d Note; If the of document's e record speci- rd is filed.					l a.m. on the	earlier of:	(b) T1	ne 90th day	y aller the
If an effective d Note: If the of document's e e record speci rd is filed.	fies a delayed effective date08 / 30 / 2023		2023				(b) Tl	ne 90th day	y after the

Filing Fee: \$25.00