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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	estments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Dhayana Chacon		
		Name of Person	
	DCAM Investments, LLC		
		Firm/Company	
	14173 N Cypress Cove Cir	-	
		Address	
	Davie, FL 33325		
		City/State and Zip Code	
	deaminvestmentslle@gmai		·출
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification:	2013 FT: 20
Alejandro Montenegro	,	954 440-8623	0 Fii
Name o	f Person	at ()Area Code ——Daytime Felephone Nu	mber : 05
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy (additional copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy uonal copy is enclosed)
<u>Mailing Addres</u> Registration 2		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	ta 21 0
Tallahassee, FL 32314		2415 N. Monroe Street, Sui	IC 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	. 20
Enter new mailing address, if applicable:	P
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Fraining dualess MAT DE ATOST OTTICE BOAY	- 0
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	rida street address
	Florida

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro R. Montenegro	14173 N Cypress Cove Cir	≣ Add
		Davie FL 33325	
			
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			☐Change 22 23 ☐Ædd 20 ☐Remove
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Filing Fee: \$25.00