

H24000199013 3
L24000227323
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H24000199013 3))



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 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : EXPERTAX
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 Fax Number : (321)206-9743

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CAMILA IMPORT, LLC

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K. SALY

JUN - 7 2024

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2024 JUN -6 PM 1:59

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

2024 JUN -6 PM 1:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMILA IMPORT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICK VELA TORREJON

Name of Petitioner

Firm/Company

2354 CORAL AVE

Address

KISSIMMEE, FL 34741

City, State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICK VELA TORREJON

121 746-3574

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Status &
Certified Copy
(additional copy is enclosed)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 JUN -6 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAMELA IMPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/15/2024 and assigned
Florida document number L24000217323.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the word, "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

7554 CORAL AVE.

Enter Florida street address

KISSIMMEE

Florida 34741

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.

Eric K. Vela

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	VELA TORREON, ERICK	2554 CORAL AVE	☐ Add
		KISSIMMEE, FL 34741	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2024 JUN -6 PM 1:42
TALLAHASSEE FL 32301

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 9/15/2017 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Listed

Check veld

Signature of a member or authorized representative of a member

ERICK VELA TORREJON

Typed or printed name of signee:

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Filing Fee: \$25.00