## L24000270742

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	
	Mill	

Office Use Only



800437456888

10/04/24--01018--004 \*\*25.00



## **COVER LETTER**

Division of Corpor	ations		
subject: <u>Carme</u>	lita Propert Name of Link	y Investments ited Liability Company	uc
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Vainess	a Harris Name of Person	
		Name of Person	
		Firm/Company	
	173811 6	I am I	
	12384 Eas	Address	
	Spring Hill	FL 34609 City/State and Zip Code	<del></del>
-	Carmelitar	to be used for future annual report notific	cation)
For further information conc	erning this matter, please ca	all:	
Voiressa Ha	rson	at ( <u>350)</u> 616 - 8	ZEE Control Number
Enclosed is a check for the fo	ollowing 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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

TO:

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

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 \_ and assigned Florida document number L 24000270742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Camelita Properties LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
		<del> </del>	□Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			□Change

<del></del>		
effectiv <u>e:</u> If th	date, if other than the date of filing:	
cord spo filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
ed	October 1, 2024.	
	Signature of a member or authorized representative of a member	

DU D COCOO