## L24000334687

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

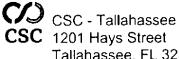
Office Use Only



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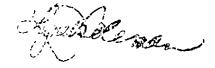


Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969
Date: 08/26/24
Order #: 1602835-1
Re: The Cam Team, LLC
Processing Method: Routine



## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

	on Section of Corporations					
The same and the s	CAM TEAM, LLC					
30bate(1		Name of Limited Liab	oility Company	<del></del>		
Dear Sir or Madan	n:					
The enclosed State	ement of Correction and fee(s)	are submitted for filin	g.			
Please return all co	prespondence concerning this	matter to the following	ā:			
Dawn L. Hall, Par	alegal			. •		
	Name of Person	<u> </u>	-	2.7	150	
Troutman Pepper	Hamilton Sanders LLP			11.00 11.00	G)	í
	Firm/Company		_	in in Hug	酐 9: 23	į
400 Berwyn Park					: 23	
	Address		-			
Berwyn, PA 1931	2					
	City/State and Zip Code		-			
dawn.hall@troutn	nan.com					
E-mail addre	ss: (to be used for future annua	report notification)	_			
For further informa	ation concerning this matter, pl	ease call:				
Dawn Hall		610	640-5435			
	Same of Person	at (at Code	Daytime Telephone Number	<del>.</del>		
Divisior P.O. Bo	tion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303			
Enclosed is a chec	k for the following amount:					
□S25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	\$555 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The name of the limited liability company is: THE CAN	I TEAM, LLC
SECO THIR		ment to Articles of Organization filed on 8/20/2024.  OMPLETE THE APPLICABLE STATEMENT
0		ertently listed Mr. Woods' middle initial as K instead of W.
	OR  Was defectively signed. The manner in which the docu as follows:	ment was defectively signed and the appropriate correction ar
	OR  The electronic transmission of the record was defective.	28 #H 9: 2
	Show Walum Signature of Authorized Representative	8/23/2024 ㎡ ὧ Date
acceptii <u>New Ro</u> I herebj provisio obligan	ng the designation).  Egistered Agent's Signature, if changing Registered Agent is accept the appointment as registered agent and agree to ms of all statutes relative to the proper and complete perfons of my position as registered agent as provided for in a change in the registered office address, I hereby confirm thange.	ecting the registered agent, the new registered agent must sign to be act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely a that the limited liability company has been notified in writing tent's Signature