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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : CAMPIONE & VASON, P.A.

Account Number : I20060000111

Phone : (352)383-4151

Fax Number

: (352)383-2311

KOENKE WOODS, LLC

LESAMND/RESTATE/CORRECT OR M/MG RESIGN

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C	OVER LETTER		
TO: Registration Section Division of Corporations	٠		
SUBJECT: KOENKE WOODS, L	LC mited Liability Company)		
(Name of Lin	mited Elability Company)		
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Karen Maxwell		!	
	(Name of Person)		
Campione & Va	ason, P.A. (Firm/Company)	11	
501 East Fifth A			 0
<u> </u>	(Address)		NECH SECH
Mount Dora, Fl		:	07 NOV 13 AH 8:28 SECHETARY OF STATE TALLAHASSEE, FLORIDA
	(City/State and Zip Code)	}	
For further information concerning this matter, please	call:		1 8: STA
Karen Maxwell (Name of Person)	at (352) 383-415	1 ext. 309	- - -
(· · · · · · · · · · · · · · · · · · ·	(
Enclosed is a check for the following amount:			
	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	
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MAILING ADDRESS: Registration Section	STREET/COUR Registration Section		

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassos, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARTICLES OF ORGANIZATION OF				
	KOENKE WOODS, LLC (Present Name) (A Florida Limited Liability Company)		:		
FIRST:	The Artislas of Opposituation wars filed as November 9, 2007	nd assigned	! : :		
riksii	The Articles of Organization were filed on document number <u>L07000113579</u> .	nd assigned	!		
SECOND:	This amendment is submitted to amend the following: Article I is hereby amended to read as following.	ws:	· · · · · · · · · · · · · · · · · · ·		
	The name of the Limited Liability Company is Cla	ton Camp,	LLC	-	
			SECI	O7 NOV 13 AH	
	·		HAST ASS	1 40	
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	·		10 15 15 15	3	Ö
				8: 28	
				~	
Dated No	ovember 12, 2007		 		
	Signature of a member of authorized representative of a m	2	 [
		eniine!	; ; ;		
	Miriam Koenke Typed or printed name of signee				
		· .			

Filing Fee: \$25.00

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