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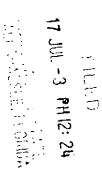
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S. WARREN 'JUL 0 6 2017

COVER LETTER

TO: Registration S Division of Co			
Woodshir SUBJECT:	e Investment Company, LLC		
SUBJECT:	Same of Lin	ited Liability Company	
The enclosed Articles of	t Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Arthur J. Kamp, Esq.		
		Name of Person	
	David, Kamp & Frank, L.I	L.C.	
		Firm/Company	
	739 Thimble Shoats Boule	evard, Suite 105	
		Address	
	Newport News, VA 23606		
		Cny/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	pjost@chandler.bz	15.5	
For further information	concerning this matter, please c	to be used for future annual report notifi all:	cation)
Ann M. Joslin		757 595-4500	
Name	of Person	at () 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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woodshire Investment Company 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 April 5, 2011 and assigned Florida document number $\underline{111000040588}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CREP XII GP LLC The new name must be distinguishable and contain the words "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: Enter Florida 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 tacument 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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	Paul C. Jost						
		Signaturs	of a member or aut	norized representativ	e of a member		<u> </u>
	Paul	l c. C	Int				17
ated]	June 26		2017	·			
e rec The	ord specifies a del 90th day after the	layed effective record is fil	ve date, but n ed.	ot an effective	time, at 12:01 i	a.m. on th	e earlier
locumo	ent's effective date on	the Department	of State's record	S.			
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Filing Fee: \$25.00