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JUN - 5 2012 T. HAMPTON

COVER LETTER .

TO: Registration S Division of Co						
SIIR IFCT.	CAMBROOK	(HOLDINGS, LLC				
SUBJECT.	Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
G G NOLAN						
Name of Person						
JOSEPH J NOLAN PA						
Firm/Company						
	1674	4 WILLIAMSBURG SQ.				
	Address					
LAKELAND, FL 33803						
		City/State and Zip Code				
GIGI@JOSEPH JNOLANPA.COM						
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please c	all:				
	GIGI	at (863)6	48-2770			
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)			

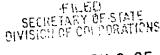
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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CAMBROOK HO	DLDINGS, LI	LC					
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea	rs on our records.)					
(xe r torida Ellinton E	mannity company)						
The Articles of Organization for this Limited Liability Company	were filed on	02/16/2012	and assigned				
Florida document number L12000023106							
This amendment is submitted to amend the following:							
A If awarding name antouthe nary name of the limited light	ility ao manany h						
A. If amending name, enter the new name of the limited liability company here:							
776	4 d f tabilla Cama		7 00 4				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	sany," the designation "L	LC" or the appreviation				
Enter new principal offices address, if applicable:	7864 I ANT	ANA CREEK RD					
* -	7864 LANTANA CREEK RD.						
Principal office address MUST BE A STREET ADDRESS) SEMINOLE, FL. 337							
		<u>_</u>					
Date of the state	7064 ANIT	ANA CREEK RD					
Enter new mailing address, if applicable:	7864 LANTANA CREEK RD. SEMINOLE, FL. 33777						
(Mailing address MAY BE A POST OFFICE BOX)	SEMINOLE,	FL. 33/11					
	· · · · · · · · · · · · · · · · · · ·						
B. If amending the registered agent and/or registered of	Mce address on	our records enter f	he name of the new				
registered agent and/or the new registered office address her		van 100010u, <u>vanor 1</u>	no mante of the acti				
Name of New Registered Agent:							
N D 1 000 - 4 11							
New Registered Office Address:	Enter Florida street address						
	City	, Florida	Zip Code				
	City		enp come				

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> Name Address ☐ Add Remove ☐ Add ☐ Remove Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 2012 Dated Signature of a member or authorized representative of a member EUGENE C. VOSHAGE, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00