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SECRETARY OF STATE
TALLAH ASSEE FI

A. BUTLER APR 0 6 2022

COVER LETTER

	Registration Se Division of Cor		•	,
SUBJEC	Cambria Ti	aree Investors, LLC		
	-	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Richard E. Cramer		
			Name of Person	
		RABL Consulting		
		 	Firm/Company	
		4399 Commons Drive E, S	Suite 200A	
			Address	
		Destin. FL 32541		
		rickc@rablconsulting.com	City/State and Zip Code	
		-	to be used for future annual report notific	Cation)
For furth	er information c	oncerning this matter, please c	·	,
Richard	E. Cramer		404 867-7023	
	Name o	f Person	at () Area Code Daytime 1	Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Cambria Three Investors, LLC		SECRETALL
(Name of the Limited)	Liability Company as it now appears on ou Florida Limited Liability Company)	r records ALLAHASSEE, FL
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{01/27/202}{1}$	and assigned
Florida document number L21000049472	·	_
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Freeport Community Developers, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi	stered office address on our records	, enter the name of the new registere
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
_		Florida
	City	Zip Code

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 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 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
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ecti	e date, if other than the date of filing: (optional)	
cffe te:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed)20
ume	nt's effective date on the Department of State's records.	.1 4
core s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
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Filing Fee: \$25.00