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## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations division Humanuners NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Address) (City/ State and Zip Code) onna. Baran @ Yahao. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: onna (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles	of	Incorporation
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Arucies	s of incorporation
Kambridge Subdivision Hom	enumers Associations This
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N 99 (	M2027
(Document Number	er of Corporation (if known)
	•
amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be Builder in 1997	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	95% P
C. Enter new mailing address, if applicable:	70
(Mailing address MAY BE A POST OFFICE BOX)	92. +
	5n1 - 6
-	• •
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the
Name of New Registered Agent: Bay	
31	52 Little Road Sut HIGT
	(Florida street address)
New Registered Office Address:	= claim 1
	Trinity Florida 3465
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
	1-X/Mh
Sign	atting of New Registered Agent, if changing
	1/

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			3152 L. Hle ZJ. Svide # 107
3) Change	D, C.	Joe Ferguson	Tran. + 7, FL 34655
Add Remove			
4) Change	Dr.	Clark, Phil	3152 Little 7.1.
Add Remove			Svite 4 107 Trivity FL 34455
5) Change Add	Dir	Kinhle, Roy	3152 2. He Rd.
Remove			3-11 FL 3-1655
6) Change	Div.	Knowles Larry	3152 LH4 Rd.
Add Remove		′ /	Suite # 107 Trinity Fe 34455
Kemove		Page 2 of 4	[rin.ty = 3743)

If amending or addi attach additional she	ets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	_, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Chris Pa-1	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	