P16000099742

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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And

FEB 20 2017

R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

MR. TIMOTHY HOWARD 2120 KILLARNEY WAY STE 125 TALLAHASSEE, FL 32309

SUBJECT: CAMBRIDGE CAPITAL FUNDING, INC.

Ref. Number: P16000099742

We have received your document for CAMBRIDGE CAPITAL FUNDING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

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Rebekah White Regulatory Specialist II

Letter Number: 617A00000707

www.sunbiz.org

Articles of Amendment

to
Articles of Incorporation
of

17 FEB 10 AM 10: 20

	of the state of th
_	(Name of Corporation as currently filed with the Florida Dept. of State)
	P16000099742
	(Document Number of Corporation (if known)
Pu its	rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) the Articles of Incorporation:
A.	If amending name, enter the new name of the corporation:
	The new
"(me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation or corp.," "Inc.," or Co.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the rd "chartered," "professional association," or the abbreviation "P.A."
	Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)
"	incipul office address MOST BE A STREET ADDRESS)
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
n	If amonding the registered agent and/or registered office address in Florida, anter the name of the
	If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
	Name of New Registered Agent
	(Florida street address)
	New Registered Office Address:
	(City) (Zip Code)
	w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
	,
	NIA
	Signature of New Registered Agent, if changing

If	amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title,	name, and
ad	dress 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 Rem	ove, and Sally Sm	ith, SV as an Add.	
E xample: X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change	<u> </u>	Howard, Phillip T.	2120 Killarney Way, Suite Tallahassee, FL 32309
Remove			<u> </u>
2) Change	<u>p</u>	WALKER, ADDYS	2120 Killarney Way, Suite 125 Tallahassee, FL 32309
Remove Change Add		WALKER, ADDYS	2120 Killarney Way, Suite Tallahassee, FL 32309
X Remove Change X Add	_V_	HOWORD, JENNIFER	2120 Killarney, Suite TALLAHASSEE, FL 32309
Remove Change Add	工	BEDELL, LINDA	2120 Killarney Way Suite TALLANASSEE, FL 32309
Remove Change X Add	T	ARTECONE, KURT	Suite 2120 Killarney Way, 125 TallAHASSEE, FL 32309
Remove			
		Page 2 of 4	

See Page 2A

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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>S</u> e	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	HOWARD, JENNIFER	2120 Killarney Way Suite
Add			2120 Killarney Way Suite TALLANASSEE, FL 32309
X_ Remove		0	
2) Change	<u>S</u> _	BEDELL, LINDA	2120 Killarney Way, Suite
X Add			TOLLAHASSFE, FL 32309
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			**************************************
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

ļ	If amending or adding additional Articles, enter change(s) here:
ŀ	(Attach additional sheets, if necessary). (Be specific)
	N/A
<u>1</u>	
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-	
	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
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The date of each amendment(s) adoption:, if other date this document was signed.	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer = if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TIM HOWARD (Typed or printed name of person signing)	
(Title of person signing)	