

L05000103755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

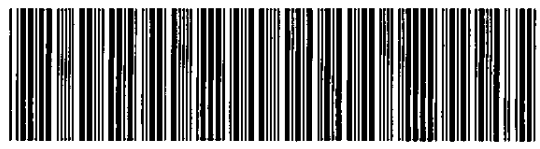
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JUL - 7 2009

EXAMINER



300157864263

07/06/09--01018--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 6 AM 11:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1050 MARTIN DOWNS LLC
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:

PETER HALES
Name of Person
1050 MARTIN DOWNS LLC
Firm/Company
1672 SW EAGLE NEST WAY
Address
PALM CITY
City/State and Zip Code
FL 34990
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER HALES at (772) 828 6503
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**

1050 MARTIN DOWNS 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 10/21/05 and assigned Florida document number 205000103755.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MANAGERS NAME
The new name must be distinguishable and end with 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)

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DIVISION OF CORPORATE AFFAIRS
09 JUL -6 AM 11:25

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 _____
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 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

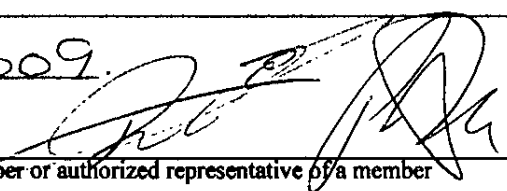
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER IANDOLI	1462 SW EAGLE NEST WAY PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
10 MGR	PETER HALES	1472 SW EAGLE NEST WAY PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
10 MGR	ANN CUSA	PO BOX 4831 JASPER BEACH FL 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 28TH, 2009.


Signature of a member or authorized representative of a member

P HALES
Typed or printed name of signee