

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: 1121 Martinique Court, 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:

Christopher A. Roche
Name of Person

Law Office of Christopher A. Roche
Firm/Company

229 N. Collier Boulevard
Address

Marco Island, FL 34145
City/State and Zip Code

croche@marccable.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700
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**

1121 Martinique Court, 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 February 15th, 2013 and assigned Florida document number L13000025070.

This amendment is submitted to amend the following:

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

476 Balsam Court, LLC

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:

229 N. Collier Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Marco Island, FL 34145

Enter new mailing address, if applicable:

229 N. Collier Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Marco Island, FL 34145

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:

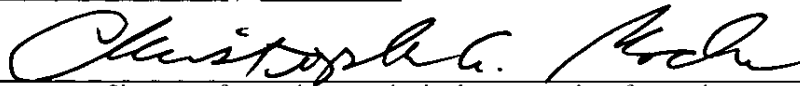
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew Frank	472 Fairmont Lane	<input type="checkbox"/> Add
		Weston, FL 33326	<input checked="" type="checkbox"/> Remove
MGR	Christopher A. Roche	229 N. Collier Blvd.	<input checked="" type="checkbox"/> Add
		Marco Island, FL 34145	<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL -3 AM 9:00
FILED
Add
Remove

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

Dated June 30, 2013.



Signature of a member or authorized representative of a member

Christopher A. Roche

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00