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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

•	TO: Registration Section Division of Corporations				
	SUBJECT: CARLEDN INVESTMENT PROPERTIES, 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:				
	JOSEPH H. MARTIN Name of Person				
CARLTON INVESTMENTS LLC					
Firm/Company					
	517 PONTE VEDRA BLUS.				
Address					
City/State and Zip Code ih. martin @ comeast. wet E-mail address: (to be used for future annual report notification)					
City/State and Zip Code					
	F. mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
	Name of Person Area Code & Daytime Telephone Number				
\setminus	Enclosed is a check for the following amount:				
7	\$30.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Carlton Investment	Properties, LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it dow appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>LO30000</u> <u>8476</u> .	any were filed on July 8, 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
CARLTON INVESTA	MENTS, LLC
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Sand
(Principal office address MUST BE A STREET ADDRESS)	
	0 388 7 389
Enter new mailing address, if applicable:	RETARETARE FOR CEB -2
(Mailing address MAY BE A POST OFFICE BOX)	
	79 20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	
	erson & Anderson, P.A
New Registered Office Address:	South Third Street. Enter Florida street address
Jackson	nùile Beach, Florida 32350 City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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>	Address	Type of Action		
			Add		
			Remove		
			Add Remove		
			Add Remove		
					
			Add Remove		
			Add Remove 		
			Add		
			Remove 		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)			
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_			_		
_			_		
Dated	,	<u> </u>			
	Joseph X 7	Marin r or authorized representative of a member	·		
	JOSEPH A	4. MARTIN			
	Typed	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00