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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

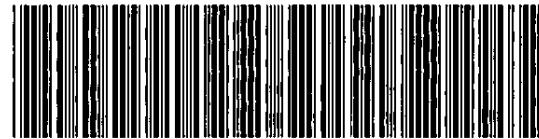
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC - 7 PM 2:29

T. HAMPTON
DEC - 8 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PT CRUISER PROPERTIES FL, 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:

PATRICK WAIN THOMAS

Name of Person

PT CRUISER PROPERTIES FL, LLC

Firm/Company

11115 WINDSOR PLACE CIRCLE

Address

TAMPA, FL. 33626

City/State and Zip Code

kirtap.wain@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK THOMAS

Name of Person

at (786)

546-5516

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

PT CRUISER PROPERTIES FL, 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 09/12/2008 and assigned
Florida document number L08000087027.

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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

This amendment is submitted to amend the following:

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

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: 11115 WINDSOR PLACE CIRCLE
(Principal office address MUST BE A STREET ADDRESS) TAMPA, FL. 33626

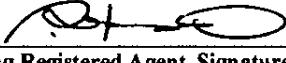
Enter new mailing address, if applicable: 11115 WINDSOR PLACE CIRCLE
(Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL. 33626

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: PATRICK WAIN THOMAS
New Registered Office Address: 11115 WINDSOR PLACE CIRCLE
Enter Florida street address
TAMPA , Florida 33626
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:

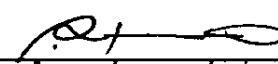
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>THOMAS, PATRICK W</u>	<u>11115 WINDSOR PLACE CIRCLE</u> <u>TAMPA, FL 33626</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>THOMAS, ERICA N</u>	<u>11115 WINDSOR PLACE CIRCLE</u> <u>TAMPA, FL 33626</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>THOMAS, PATRICK</u>	<u>C/O MFG 555 WASHINGTON AVE</u> <u>STE 240</u> <u>MIAMI BEACH FL 33139 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MRS</u>	<u>THOMAS, ERICA</u>	<u>C/O MFG 555 WASHINGTON AVE</u> <u>STE 240</u> <u>MIAMI BEACH FL 33139 US</u>	<input type="checkbox"/> Add <input checked="" 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 DECEMBER 3, 2009


Signature of a member or authorized representative of a member

PATRICK W. THOMAS

Typed or printed name of signee

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