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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Martelle Homes 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:
Bryan Kiefer Esq. Name of Person Kiefer Law Group, PLLC Firm/Company 327 South Co. Huy 393, Suite 202 Address Santa Rosa Beach, FL 32459 City/State and Zip Code Kiefergroup & Lotma, I. Com E-mail, address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Bryan Kiefer at (850) 830-2843 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy Service Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy Scriffied 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

Martelle Home	25 LLC	
	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4 1700000 5130		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u>	the name of the new
		17 Sei
Name of New Registered Agent:	-	22 8
New Registered Office Address:		ASS.
	Enter Florida street address . Florida .	70 A
	City	Lip 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 605. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	James Hernandez	2074 Olde Towne AL	10 Add
		Miranur Beach, FL	
		32550	Change
			
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Filing Fee: \$25.00