L00000006404				
(Requestor's Name) (Address) (Address)		700167304457		
(City/State/Zip/Phone #)		02/02/1001016014 **25.00		
Certified Copies Certificates of Status Special Instructions to Filing Officer:		-RECEIVED DEPARTMENT OF STATE DEVISION OF FORPORATION 2010 FEB - 2 PH 12: 0 NOT INCOMENCE SUFFICIENCY OF FILING SUFFICIENCY OF FILING		
Office Use Only	T. HAMPT FEB - 2 2010	B 10 FEB -2 PH 2:		

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
GRW LLC	_
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status
Signature	Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
$\frac{\text{Requested by:}}{\text{Name}} = \frac{2/2/10}{\text{Date}} = \frac{AM}{\text{Time}}$	Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRW, 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 __________ 06/02/2000 and assigned Florida document number _________ L0000006404 _______.

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:			. <u> </u>
(Principal office address MUST BE A STREET ADDRESS)			ين≧
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Enter new mailing address, if applicable:		. 2	Par Ser
(Mailing address MAY BE A POST OFFICE BOX)		PA	- Se C
		ů.	DRV ST.
		<u>N</u>	

B. If amending the registered agent and/or registered office address on our records, enter the name of the pew registered agent and/or the new registered office address here:

Name of New Registered Agent:	Frank J. Alola, Jr., Esq.			
New Registered Office Address:	2250 First Street			
	Enter Florida stree		address	
	Fort Myers	, Florida	33901	
	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

Page 1 of 2

If hmending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Ronald D. Gardner	2531 Cleveland Avenue, Suite 1 Fort Myers, FL 33901	_ [] Add _ [] Remove
MGR	P. Jeffrey Richards	2531 Cleveland Avenue, Suite 1 Fort Myers, FL 33901	Add 7 Remove
MGR	Antonio Flores, M.D.	2531 Cieveland Avenue, Suite 1 Fort Myers, FL_33901	_ 🗹 Add Remove
			Add Remove
<u> </u>			Add Remove
•			Add Remove
D, If amendi	ng any other information, enter change	(s) hore: (Attach additional sheets, if necessary.)	
			JIVISION 10 FE
Dated	January 27 , 20		FILED OF CORPE
	Antonio	or authorized representative of a member Jores, M.D., Manager	STATE DRATIO
	Typed	Page 2 of 2	N NS

Filing Fee: \$25.00

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