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T. HAMPTON

APR 1 3 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo		v.	A
SUBJE	·CT·	GROUPER M	IANAGEMENT, LLC	
CODGE			ted Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		ANA	A CELA HARRIS, ESQ.	
			Name of Person	
			CELA ADVISORS	
			Firm/Company	
-		9100 S.	DADELAND BLVD, #1500	
			Address	
			MIAMI, FL 33156	
			City/State and Zip Code	
	aharris@celaadvisors.com E-mail address: (to be used for future annual report notification)			ation)
For fur	her information con	cerning this matter, please c	all:	
		a Harris	at \	88-6389
	Name of P	erson	Area Code & Daytime	Telephone Number
Enclose	ed 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

GROUP	ER MANAGEMENT,	LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	March 4, 2005	and assigned
Florida document number L0500002208	<u>0</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
GROUPER M	MANAGEMENT HOLDIN	G, LLC	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>	<u> </u>

			R 12
Enter new mailing address, if applicable:			ವ [−] ್ಗ
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or in registered agent and/or the new registered office	0	our records, enter th	e name of the new
•			
Name of New Registered Agent:			
New Registered Office Address:			
	E	Enter Florida street addr	ess
<u>-</u>		, 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 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>Nai</u>	me	Address	<u>Type</u>	of Action	
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D. If an	nending any	y other information, enter change((s) here: (Attach additional sheets, if necessary.)	10 APR	SECH BIVISIO	
				12 PM	N OF CORPO	
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Dated _						
		Signature of a member of	or authorized representative of a member			
			eq., authorized representative			
		Typed o	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00