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EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of C	orporations			
SUBJECT:	Grzybowsk	i Properties II, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Daniel D. Whitaker		
	•	Name of Person		
	Carey, O'N	lalley, Whitaker & Mueller,	P.A.	
		Firm/Company		
	712	2 South Oregon Avenue		
		Address		
	T	ampa, FL 33606-2516		
		City/State and Zip Code	≥ω	20
	nt	oarnes@cowmpa.com to be used for future annual report noti		2910 DE
			fication) 포트	2
For further information	concerning this matter, please of	call:	SE SE	- Jane
N	lancy Barnes	at (813)	250-0577	
Name	of Person		ne 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 en	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COUR Registration Section Division of Corpo	on	
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grzybow	/ski Properties II, LI	_C			
(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appera Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	July 20, 2005	and	assigne	:d
Florida document numberL0500072720					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or th	ie abbre	eviation
Enter new principal offices address, if applicable:				- F-S	
(<u>Principal office address MUST BE A STREET ADL</u>	ORESS)		SEU	22	
			28		
			NSSE PARK	17	par and
Enter new mailing address, if applicable:			me	255	
Mailing address MAY BE A POST OFFICE BOX)			S.S.		,
			457	ĊЛ .	
			P. S.	g: S	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter th	e name	of the	e new
Name of New Registered Agent:					
New Registered Office Address:					
	E	nter Florida street addr	ess		
	, Florida				
	City		Zip Co	ode	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Kenneth F. Grzybowski	6408 Badger Drive Tampa, FL 33610	Add Remove		
MGRM	Bradley N. Grzybowski	6408 Badger Drive Tampa, FL 33610	Add Remove		
			Add Remove		
,			Add Remove		
			A CE		
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	Remove		
_					
Dated	December 16 , 20	010 VI			
	Signature of a membe	r or authorized representative of a member			
	Daniel D. Whitaker, A				
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00