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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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SECRETARY OF STATE

D. BRUCE FEB 4 2010 EXAMINER

## **COVER LETTER**

| TO:      | Registration Sect<br>Division of Corpo |  |  |                                     |  |
|----------|--|--|--|-------------------------------------|--|
| SUBJE    | CCT:                                   | GP Property                                | Management, LLC  |                                     |  |
|          |  | Name of Lim                                | ited Liability Company                                       |                                     |  |
|          |  | mendment and fee(s) are su                 | -  |                                     |  |
|          |  | 1  | imothy M. Papp, Esq.   |                                     | _  |
|          |  |  |  |                                     |  |
|          |  |  | GP Property, LLC Firm/Company                                |                                     | _  |
|          |  |  | 11681 Seminole Blvd.   |                                     | _  |
|          |  |  | Address  |                                     | 7.   |
|          |  | Largo, FL 33778 City/State and Zip Code    |  | 10 FI                               |  |
|          |  | E-mail address:                            | EB-3 M<br>ETARY OF<br>HASSEE, FI                             |                                     |  |
| For furt | ther information cor                   | ncerning this matter, please               | call:  |                                     | E M  |
|          | Timothy<br>Name of I                   | M. Papp, Esq.                              | at ( 727 ) Area Code & Da                                    | 393-8351<br>aytime Telephone Number | ME 29  OF STATE FLORIDA  |
| 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 encl | osed) Certifie                      | iling Fee,<br>ate of Status &<br>ed Copy<br>onal copy is enclosed) |
|          |  | NG ADDRESS:                                | STREET/CO  | URIER ADDRESS:                      |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2010

TIMOTHY M. PAPP, ESQ. 11681 SEMINOLE BLVD. LARGO, FL 33778

SUBJECT: GP PROPERTY MANAGEMENT LLC

Ref. Number: L07000050091

We have received your document for GP PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 510A00001257

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GP Property  | Management, LL                                   | .C                          | <del></del>             |  |
|--|--|-----------------------------|-------------------------|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi   | mpany as it now appear<br>ted Liability Company) | s on our records.)          |                         |  |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on                               | 05/10/2007                  | and assigned            |  |
| Florida document numberL0700050091   |  |                             |                         |  |
| This amendment is submitted to amend the following:  |  |                             |                         |  |
| A. If amending name, enter the new name of the limited   | liability company her                            | <u>e</u> :                  |                         |  |
| GP Property Holding, UC_GP Pro   | operty, LLC //                                   |                             |                         |  |
| The new name must be distinguishable and end with the words "L.L.C."   | Limited Liability Compa                          | ny," the designation "L     | LC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  |  |                             | 5                       |  |
| (Principal office address MUST BE A STREET ADDRES  | <u></u>  |                             | F. 6                    |  |
|  |  |                             | HAT BY                  |  |
| The second secon |  | !                           | SEF SEF                 |  |
| Enter new mailing address, if applicable:  |  | Г                           |                         |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                             | S 5 5 5 3               |  |
|  |  | <u></u>                     | mi 👼                    |  |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address   |  | our records, <u>enter t</u> | he name of the new      |  |
| Name of New Registered Agent:  |  |                             |                         |  |
| New Registered Office Address:   |  |                             |                         |  |
|  | Enter Florida street address                     |                             |                         |  |
|  |  | , 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 Type of Action **Title** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member 7ipaothy M. Papp, Esq. Thed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00