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	(R	equestor's	Name)		
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	(C	ity/State/Z	ip/Phone #)		
	] PICK-UP	□ v	/AIT	MAIL	
<u>,                                      </u>	(B	usiness E	ntity Name)		
(Document Number)					
Certified (	Copies	Ce	rtificates of	Status	

Special Instructions to Filing Officer:

L. SELLERS

AUG 3 0 2011

**EXAMINER** 

Office Use Only



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# **COVER LETTER**

TO: Registration Division of C			ą "	
SUBJECT:	Ground P	rofessionals, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Anne	ette Armstrong-Rutkowski		
		Name of Person		
	2135 Aurora Road			
		Address	<del></del>	
	Melbourne, Florida 32935			
	_	City/State and Zip Code		
	tion)			
For further information	concerning this matter, please c	all:		
	Armstrong-Rutkowski	ai \ · )	17-3418	
Name	of Person	Area Code & Daytime 1	elephone 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 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

Gro	ound Professionals, LLC			
( <u>Name of the Limited L</u> (A F	iability Company as it now appears lorida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Lial Florida document number		9/18/2008	and assigne	:d
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation	"LLC" or the abbre	 viation
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>enter</u>	the name of the	e new
Name of New Registered Agent:				
New Registered Office Address:			3 C F	1,722
	Ente	r Florida street aa	Idress, $\equiv$	r ===
	City	, Florida _	Ztp Code	
	~~,		ロカゲツ マピバマ	

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** Name **Address MGRM** Marianne Zimmer 2135 Aurora Road 🗹 Add Remove Melbourne, Florida 32935 ☐ Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Date Sugest 24 Signature of a member or authorized representative of a member Annette Armstrong-Rutkowski, MGRM

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee