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SECRETARY OF STATE

D. BRUCE

AUG 19 2009

**EXAMINER** 

## **COVER LETTER**

	tration Section ion of Corporations	
SUBJECT: _	Big Popper, LLC	
	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
	Il correspondence concerning this matter to the following:	
	Name of Person	
	White/Peterman Properties, Inc.	
Firm/Company		
	. —	
	O9 AUG 18 SECRETARY	
	Merrillville, Indiana 46410	
	City/State and Zip Code	UG 18 PM
	jweisler@whitepeterman.com  E-mail address: (to be used for future annual report notification)	PHIZ: 0: COF STATI E. FLORIE
For further inf	formation concerning this matter, please call:	PM 12: 05 YOF STATE EE, FLORIDA
	Jason Weisler at ( 219 ) 757-3501	
	Name of Person Area Code & Daytime Telephone Number	r
Enclosed is a	check for the following amount:	
\$25.00 Fili	ng Fee \$\bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$\footnote{\subset} \\$55.00 \text{ Filing Fee & S60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}}\$\text{Certified Copy (certified Copy (additional copy is enclosed)}\$\text{Certified Copy (additional copy is enclosed)}\$Certified Copy (	ate of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Por	oper, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appe d Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	August 4, 2009	and assigned
Florida document numberL0900074523			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ere:	
GP Nap	oles, LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			<del>.</del>
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			<b>69</b>
		<u> </u>	C A
		ASS	G 18
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	ָּרָב <u>ּ</u>	
			S S D
		DA	505
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter th	e name of the new
Topice of the state of the stat			
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addre	PSS .
		, Florida	
<del></del>	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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessa	179.)
			AUG 18
			PH 12: 05  OF STATE FLORIDA
Dated		M.	
		Jason Weisler ed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00