

L10000043000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

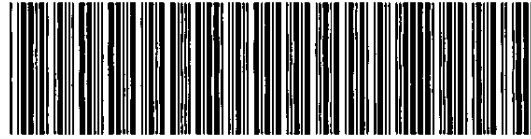
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264142298

09/17/14--01019--016 **25.00

2014 SEP 17 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 22 2014
T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GP.com Holding Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Leber

Name of Person

Grandparents.com Inc.

Firm/Company

589 8th Ave, 6th Flr

Address

New York, NY 10018

City/State and Zip Code

steve@lifestylecomm.com

E-mail address: (to be used for future annual report notification)

2014 SEP 17 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Steve Leber

Name of Person

at **(646) 839-8810**

Area Code

Daytime 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 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**

GP.com Holding Company LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 SEP 17 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 4-20-2010

Florida document number L10000043000

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6181 Hollows Lane

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33484

Enter new mailing address, if applicable:

6181 Hollows Lane

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33484

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Steve Leber

New Registered Office Address:

6181 Hollows Lane

Enter Florida street address

Delray Beach

City

Florida 33484

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 605, 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.

Steve Leber
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph Bernstein	6663 Casa Grande Way	<input type="checkbox"/> Add
		Delray Beach, FL 33446	<input checked="" type="checkbox"/> Remove
MGRM	Robert Cohen	539 8th Ave	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 SEP 17 PM 2:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

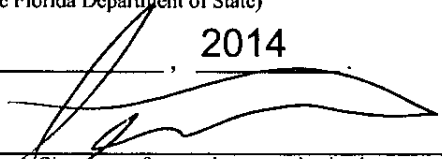
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9-12, 2014



(Signature of a member or authorized representative of a member)

Steve Leber, Managing Member

(Typed or printed name of signer)

2014 SEP 17 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED