#1/0000058/35

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dysiness Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600230983166

04/26/12--01018--010 **25.00

FILED'
12 MAY 10 PM 4: 00
SECRETARY OF STATE

K.SALY EXAMINER MAY 14 2012



April 30, 2012

GRANDPARENTS.COM INC. MATTHEW SCHWARTZ 589 8TH AVE, 6TH FLOOR NEW YORK, NY 10018

SUBJECT: GREAT AMERICAN GRANDPARENTS ASSOCIATION, LLC

Ref. Number: L10000058135

We have received your document for GREAT AMERICAN GRANDPARENTS ASSOCIATION, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 012A00012937

Karen A Saly Regulatory Specialist II

COVER LETTER

TO:	Registration Sect Division of Corpo			21				
SUBJECT: Great American Grandparents Association, LLC								
SUBJE			ted Liability Company	· · · · · · · · · · · · · · · · · · ·	• • •			
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please	return all correspond	dence concerning this matter	to the following:					
			Matthew Schwartz					
			Name of Person					
		G	randparents.com Inc					
			Firm/Company					
			589 8th Ave, 6th Flr					
			Address					
		١	New York, NY 10018					
			City/State and Zip Code					
		mschv	vartz@grandparents.c	om	<u> </u>			
For fur	ther information co	ncerning this matter, please c		ir normeation	,			
Matthew Schwartz		at (_646)	839	8809				
	Name of I	Person	Area Code & I	Daytime Tele	phone Number			
Enclose	ed is a check for the	following amount:						
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Closed)	\$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

FILED. 12 MAY 10 PM 4: 00

Great American	Grandparents Associ	ShORET ALLAMA ation II C ^{ALLAM}	ARY OF STATE ISSEE, FLORIDA
(Name of the Limited Liab	cility Company as it now appeared Limited Liability Company)	s on our records.)	, COMPA
The Articles of Organization for this Limited Liabili Florida document number	• •	June 1st 2010	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET AI	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or registered agent and/or the new registered office:		our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	······································	· · · · · · · · · · · · · · · · · · ·	
	En	ter Florida street addre	SS
_	Cit	, Florida	7: C - 1-
	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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Joseph Bernstein	6663 Casa Grande Way Delray Beach FL 33446	Add Remove
MGRM	Leber Bernstein Group LLC	6663 Casa Grande Way Delray Beach FL 33446	Add ☐ Remove
MGRM	Steve Leber	6181 Hollows Drive Delray Beach, FL 33484	Add Remove
<u>MGRM</u>	Meadows Capital LLC	100 Quentin Roosevelt Blvd Suite 400 Garden City, NY 11530	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			
Dated	April 23rd , 20		_
	[or authorized representative of a member	<u>.</u>
		atthew Schwartz or printed name of signee	······································

Page 2 of 2

Filing Fee: \$25.00