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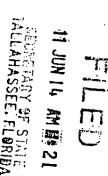
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| Special Instructions to Filing Officer: | | | | |
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D. BRUCE

JUN 15 2011

EXAMINER

COVER LETTER

| | tion Section of Corporations | | | | | |
|----------------------|---|---|------------------------------|--|-------|-------|
| SUBJECT: | GRP PROPER | TY MANAGEMENT, | LLC | | | |
| · | | mited Liability Company | | - | | |
| The enclosed Artic | cles of Amendment and fee(s) are s | submitted for filing. | | | | |
| Please return all co | orrespondence concerning this matt | ter to the following: | | | | |
| | | HEIN KARMAN | | | | |
| | | Name of Person | | _ | | |
| | GRP PROPERTY MANAGEMENT, LLC | | | | | |
| | | Firm/Company | | _ | | |
| | 14 | 26 S. NARCOOSSEE F | RD | 54 | • | |
| Address | | | | | | |
| ST. CLOUD, FL 34771 | | | | | 1 HOL | 12 |
| | | City/State and Zip Code | | | | |
| | | hkarman@cfl.rr.com | | البر البرانية | - T | |
| | E-mail address: | : (to be used for future annual repor | rt notification) | STAI STAI | | |
| For further informa | ation concerning this matter, please | e call: | | A GALLAN | 21 | |
| | HEIN KARMAN | at (_407_) | 924-4402 | | | |
| Ì | Name of Person | Area Code & I. | Daytime Telephone Numb | er | • | |
| Enclosed is a checl | k for the following amount: | | | | | |
| \$25.00 Filing F | Fee \$\int_\$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | Certific closed) Certifie | iling Fee, cate of Stated cd Copy onal copy i | | osed) |

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

| , <u>GRP PROPERT</u> | <u>Y MANAGEMEN</u> | T, LLC | |
|--|--|---------------------------|--------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appear nited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on | 10/21/2010 | and assigned |
| Florida document number L10000109784 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company her | <u>'e</u> : | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Compa | nny," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | manusis Territoria |
| (Principal office address MUST BE A STREET ADDRE | SS) | | |
| | | | 天母 呈 !! |
| • | | | SHAN T |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | | our records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | | ., . | |
| New Registered Office Address: | | | |
| | En | ter Florida street ada | lress |
| · · | | , 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 **Address Type of Action Title** <u>Name</u> MGRM HENDRIKA J. KARMAN 9404 THURLOE PLACE ✓ Add Remove ORLANDO, FL 32827 ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 5 2011 Dated _____ Signature of a member or authorized representative of a member HEIN KARMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00