L11000098931

| (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: |
| Amend |

Office Use Only



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04/13/12--01022--022 **25.00

SECRETARY OF STATES
TALL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

APR 16 2012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Grouple | |
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| ity Company as it now appears on or | ır reçords.) |
| • | 2011 and assigned |
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| mited liability company here: | |
| ords "Limited Liability Company," th | e designation "LLC" or the abbreviation |
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| | cords, enter the name of the new |
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| | |
| Enter Flo | rida street address |
| City | _, Florida Zip Code |
| | istered office address on our receiences here: |

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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|--------------------------------------|---|--|
| mgkm | CLAY T CASON | 430 SW NIGHTINGALE STREET | Add |
| | | Jeystone Heights, FL 32656 | Remove |
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| D. If amendi | ing any other information, enter cha | ange(s) here: (Attach additional sheets, if necessary.) | |
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| Dated | 1/2011 Sepremae 1, 201 | | AM 9: 41 |
| Dated | Soremae 1, 201 | nber or authorized representative of a member | 9: L |

Page 2 of 2

Filing Fee: \$25.00

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: GRIP REACTY GOOWN (Name of Limited Liability Co | ompany) |
| The enclosed member, managing member or manager resigning. | ignation and fee(s) are submitted for |
| Please return all correspondence concerning this matter to | : |
| Toth A Kin G (Contact Person) | |
| (Contact Person) | |
| GRO PORTY Group UC | T. 2 |
| (Firm/Company) | 2012 APR 13 SECRETARY TALL AHASSI |
| | APR APR |
| 120 CUCONIT DR (Address) | ASS |
| , (Address) | ARYOF'S SEELEL |
| FURT MYCH BEACH FL 339 (City/State and Zip Code) | AH 9: LI |
| For further information concerning this matter, please call | ™ : |
| TOH! AEX K16 at (Y0Y) (Name of Contact Person) (Area Cod | , 6306320 |
| (Name of Contact Person) (Area Cod | e & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | rananassoc, rionaa 32314 |

CR2E079 (5/06)