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J. SAULSBERRY EXAMINER

JUL 12 2012

COVER LETTER

то:	Registration S Division of Co					
SUBJE	CT:	FLIP F	LOP BEA LLC			
			ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
	PAUL H KUPFER, ESQ.					
			Name of Person			
	KUPFER, KUPFER & SKOLNICK, P.A.		A			
	Firm/Company					
	5541 UNIVERSITY DRIVE, SUITE 103		03			
			Address			
	CORAL SPRINGS, FL 33067				78 Z	
		City/State and Zip Code			2012 JUN 1 1 SECRETAR) TALLAHASSI	-11
		PAUL@	LAWYERSFLORIDA.COM	· · · · · · · · · · · · · · · · · · ·		Sales with the
For fur	ther information of	e-mail address: (to be used for future annual report notifice all:	cation)	I AHII: 24 RY OF STATE SSEE, FLORID	
	PAL	JL H KUPFER	at (954)	905-2222	II: 2	Name of
		of Person	Area Code & Daytime			
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIP FLOP I			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	<mark>v as it now appea</mark> ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	JULY 9, 2012	and assigned
Florida document numberL12000088729			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :	
NPE Holding	gs, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			SSI I
Enter new mailing address, if applicable:			re m
(Mailing address MAY BE A POST OFFICE BOX)			S S S
	<u>-</u>		語 2
			D
B. If amending the registered agent and/or registered offi		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address here:	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
			ZOIZ JUN I I AM SECRETARY OF S
 Dated	Joly 9 2	012 . Mess 1 /	AM II: 24
	Signature of a member	of the pathorized representative of a member and H. Kupfer, Esq.	

Page 2 of 2

Filing Fee: \$25.00