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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone

: (727)442-1200

Fax Number

: (727)443-5829

AMND/RESTATE/CORRECT OR M/MG RESIGN

GRANT ALLIANCE, L.L.C.

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D. BRUCE

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EXAMINER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRANT ALLIANCE, L.L.C.		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on November 12, 1999	and assigned
Florida document number L99000007686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	cd liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		08 SE(
(Principal office address MUST BE A STREET ADDRE	(2.2)	A R
•		
Enter new mailing address, if applicable:		O PR
(Mailing address MAY BE A POST OFFICE BOX)		2 Z Z
		<b>7</b>
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter</u> ess here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street a	ddress)
	, Florida	(Zip Code)
New Desirtand Agentle Clemetrus 15 should be Desired	A A	(Elife Cone)

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

ITTLE	Name	Address	Type of Action
MGR	NAT CACCIOTTI	1035 Broadway Dunedin, EL	Add
		-	Add Remove
			Remove
	<del></del>		Add Remove
<del></del>			Add Remove
<del>.</del>			Add
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets,	. If necessary.)
_			
			08 NOI
			MOV 10 PM 12:
Dated <u>Nover</u>		2008	
		member or authorized representative of a member	per OT
	Alan S. Gassmai	n, Authorized Representative Typed or printed name of signee	<u> </u>
		Pogo 7 of 7	

Filing Fee: \$25.00