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TO SEB 28 PN 1447

K.SALY EXAMINER MAR 1 - 2013

COVER LETTER

	tration Secti ion of Corpo		•	
SUBJECT: _	GRI	FFIN JNV Name of Lin	PSTMENT G	ROUP, LLC
The enclosed	Articles of An	nendment and fee(s) are su	ubmitted for filing.	
Please return a	all correspond	ence concerning this matte	er to the following:	
		Dova	LAS GRIFFI Name of Person	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
		GRIFFIN		T GROUP, LLC
		15604	FIDDLESTICK Address	LS BLVD.
		FORT SOLAR E-mail address:	City/State and Zip Code ONE OI Cloud (to be used for future annual report	33912 (0W)
For further inf	formation con	cerning this matter, please	call:	
DOUG GRIFFINI Name of Person			at (239) 464 Area Code & Da	1 8699 Stime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fill	ing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION
OF

GRIFFIN INVESTMENT GROUP, LLC 147

Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on 12 4 2002 and assigned
Florida document number L 02000032540	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
SOLARONC FINANCI The new name must be distinguishable and end with the words "Lim	AL, UC
The new name must be distinguishable and end with the words "Lim "L.L.C."	
Enter new principal offices address, if applicable:	15604 Fiddlesticks Blvd
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33912
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	····
N (N)	(No changes)
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Floratusireer daaress
	, Florida Citv Zip Code
New Registered Agent's Signature, if changing Registered Agent	·
I hereby accept the appointment as registered agent and aging the provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	olete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>Address</u> **Title** Name Type of Action (No changes) Add Remove Remove Remove Remove Remove Add Remove

* * * * * * * * * * * * * * * * * * * *	• · · · · · · · · · · · · · · · · · · ·
	
2	2013
	Douglas hildi
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Then or bronger or or Break

Page 3 of 3

Filing Fee: \$25.00