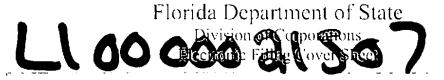
Fa+: (850) 617-6383

Division of Corporations

Page: 1 of 4

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(((H23000296104/3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: la.groover@groover.law

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C.B. & GENEVIEVE GRIFFIS, LLC

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## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF

(((H230002961043)))

C.B. & GENEVIEVE GRIFFIS, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	av as it now appears on our r inviluy Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document numberL10000021507	ility Company	were filed on February 25	, 2010 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liab	ility company here:	
		•	
The new name must be distinguishable and contain the word	is "Limited Liabil	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	ay, Suite 9	
(Principal office address MUST BE A STREET.	ADDRESS)	Orlando, FL 32819	
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		7575 Kingspointe Parkwa	ıy, Suite 9
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Orlando, FL 32819	<u>.</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, <u>c</u>	enter the name of the new registere
Name of New Registered Agent:	Lea Anne Groover		
New Registered Office Address:	7575 Kingspointe Parkway, Suite 9		
1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Enter Florida straet	iddress
	Orlando		Florida32819
		City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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 605, 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.

/ Open Signed by	
X Lea Anne Groover	
If Changing Registered Agent, Signature of New Registered Agent	

From: Leslie Perryman -

Fax: 14072329822

T

Far (850) 617-6383

Page: 3 of 4

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Groover, Lea Anne	7575 Kingspointe Parkway, Suite 9	
		Orlando, FL 32819	□Remove
			Change
MGR	Griffis, Chad M.	5390 NW 73rd Street	□Add
		Chiefland, FL 32626	≣Remove
		· <del></del>	Change
MGR	Griffis, Victor	5390 NW 73rd Street	□Add
		Chiefland, FL 32626	≣Remove
			□ Change
•			DAdd
			□Remove
			□ Change
			□Remove
			Change
			□Remove
			(Channa)

From: Leslie Perryman Fax, 14072329822 To. Fak. (850) 517-6383 Page: 4 of 4 08/25/2023 12:34 PM

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an effective	late, if other that date is listed, the d	ate must be speci	fic and cannot be	prior to date	of filing or more	than 90 days	after filing.) Pu	rsuant to 605.020
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