Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : 076077001702 Phone : (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 GRIFFIS ASSETS, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO

ART	T ICLES OF C	O PRGANIZATION (((I	123000296054 3)))
•	~ O	É.	·
GRIFFIS ASSETS, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company were filed on April 5, 2010  Florida document number £10000036494			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Emuted Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7575 Kingspointe Parkway, Suite 9	
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32819	
Enter new mailing address, if applicable:		7575 Kingspointe Parkway, S	Suite 9
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, Fl. 32819	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Lea Anne Groover		
New Registered Office Address:	7575 Kingspoi	nte Parkway, Suite 9  Enter Florida street addre	
	Orlando		
	Oracido	, F	Torida 32819 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 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.

Con sylves by
x les Anne Grover
If Changing Registered Agent, Signature of New Registered Agent

From: Leslie Perryman Fax, 14072329822 To Fax, (850) 617-6383 Page: 3 of 4 08/25/2023 12:05 PM

Docusion Envelope ID 401C9661-347B-49FF-5793-1000491E5925 in ameniung Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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

From: Leslie Perryman - Fax: 14072329822

Fax (850) 617-6383

Page: 4 of 4 08/25/2023 12:05 PM

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n effectiv	e date is listed, the date must be specific and cannot be prior to date of filing or in	(optional) ore than 90 days after filing.) Pursuant to 605.0
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cord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
is filed.	•	, ,
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ted	8/25/2023 2023  Lea fluine Grower  Signature of a member or authorized representative	
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