

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230002961373))



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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  
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\*\*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

RECEIVED  
2023 AUG 25 PM 3:32  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRIFFIS EQUITY, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

DocuSign Envelope ID: 401C9661-347B-49FF-B793-1D00491E5925

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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GRIFFIS EQUITY, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 5, 2010 and assigned  
Florida document number L10000036925.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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, Suite 9

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lea Anne Groover

New Registered Office Address:

7575 Kingspointe Parkway, Suite 9

*Enter Florida street address*

Orlando

Florida

32819

*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 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.*

X Lea Anne Groover  
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                    | <u>Type of Action</u>                      |
|--------------|-------------------|-----------------------------------|--------------------------------------------|
| MGR          | Groover, Lea Anne | 7575 Kingspointe Parkway, Suite 9 | <input checked="" type="checkbox"/> Add    |
|              |                   | Orlando, FL 32819                 | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |
| MGR          | Griffis, Chad M.  | 5390 NW 73rd Street               | <input type="checkbox"/> Add               |
|              |                   | Chiefland, FL 32626               | <input checked="" type="checkbox"/> Remove |
|              |                   |                                   | <input type="checkbox"/> Change            |
| MGR          | Griffis, Victor   | 5390 NW 73rd Street               | <input type="checkbox"/> Add               |
|              |                   | Chiefland, FL 32626               | <input checked="" type="checkbox"/> Remove |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/25/2023 2023X DocuSigned by:  
Lea Anne Groover

Signature of a member or authorized representative of a member

Lea Anne Groover

Typed or printed name of signee

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Filing Fee: \$25.00