

L120000 70934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

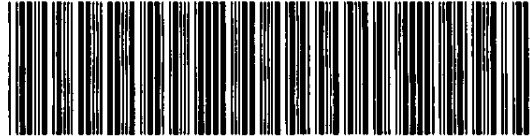
(Business Entity Name)

(Document Number)

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FILED
2016 JUN 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUN 28

LYONS AND LYONS

CERTIFIED PUBLIC ACCOUNTANTS

106 West Boulevard
Macclenny, Florida 32063

www.lyonscpa.net

Telephone (904) 259-4307
Fax (904) 259-5102

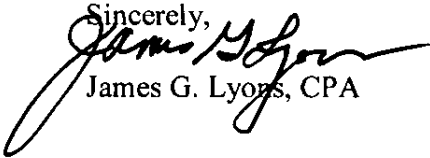
June 23, 2016

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ladies and Gentlemen:

Please find enclosed a check in the amount of \$25 and two copies of "Articles to Amendment to Articles of Organization" for Griffis Property, LLC to add an additional managing member. If you should have questions, please feel free to contact me at phone number (904) 259-4307.

Sincerely,



James G. Lyons, CPA

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

Griffis Property, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05-25-12 and assigned

Florida document number L12000070934

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Steve G. Wilford	9162 Carey Barber Rd., Macclenny	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

7-11

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.

Dated June 13, 2016

Signature of a member

Signature of a member or authorized representative of a member

Harold Griffis

Typed or printed name of signee