L12000136733

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PICK-UP WAIT MAIL		
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(Business Entity Name)		
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Certified Copies Certificates of Status		
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D SCOTT OCT 1 1 2017

COVER LETTER

TO: Registration So Division of Co				
SUBJECT: <u>G</u>	iffin Home Name of Limi	Improvement L	<u>. L c 1'</u>	
	Amendment and fee(s) are sub-	•		
		Name of Person		
		· Firm/Company	brement LLC	٤
	14145 Fire	Address		
		City/State and Zip Code Oha DO boy Tr. 10M to be used for future annual report notific	ation)	- : 1
For further information	concerning this matter, please ca	all:		 . =
Michael Name	Griffin of Person	at (352) 594 — Area Code Daytime	5268 Felephone Number	
Enclosed is a check for	the following amount:		·	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Orithin Home	monoven	nent Lu	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it nbw appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	0/5/2017	and assigned
Florida document number <u>L12000136733</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
NIA	• • • • •	Ì	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	NA.		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		1:::::	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		•	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		r records, enter	the name of the nev
•		<u> </u>	
New Registered Office Address:	Enter Florida s	troct address	
		, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address o	f each person being added
MGR = Ma AMBR = Au	anager uthorized Member	·	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
ABBR	Authorize Member Mike Griffin		
		Owner Please Char to AMBR	
A <u>MBR</u>	Loreno. Griffin		
		Please change from MGR to AMBR	Change
MGR	Eric Griffin	Please add	X Add
· · · · · · · · · · · · · · · · · · ·	•		□ Remove □ Change
	·		Remove Change
			Remove Change
			Add Remove Change
			<u> </u>

Please update the Titles for the People on this form Mike British - Owner - I believe the title should reflect as 'Registered Agent' or 'Authorized member' Lorena British - Owner - title should reflect as "Registered Agent" or 'Authorized member' Eric Griffin - Non Owner - I'C manager member' Eric Griffin - Non Owner - I'C manager with permission by the Owners - MGR' with permission by the Owners - MGR' flective date, if other than the date of filing: I'D 3/2017 and otherwise date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. Freedom of a member of authorized time, at 12:01.a.m. on the earlier of: The 90th day after the record is filled. Signiture of a member of authorized hame of signace Typed or printed hame of signace	amending any other information, enter change(s) here: (Attach additional sheet	ts, if necessary.)
People on this form Mike Brittin - Owner - I belive the title Should reflect as "Registered Agent" or "Authorized member" Drena Brittin - Owner - title should reflect as "Registered Agent" or "Authorized member" Eric Griffin - Non Owner - till manager member " Griess to perform management function with permission by the Owners - MGR" frective date, if other than the date of filing: ID 3/2017 (aptional) 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) (aptional) filing is filled in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument's effective date on the Department of State's records. The 90th day after the record is filled. Signature of a member or authorized representative of a member to reach a member of a	Please update the Titles for	the
Agent or Authorized member Lorena Griffin - Owner - title should reflect as "Registered Agent or Authorized member" Eric Griffin - Non Owner - Lic manager access to perform management function with permission by the owners - MGR" flective date, if other than the date of filing: 10 3 2017 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. The 90th day after the record is filled. Signature of a member or authorize presentative of a member Lorena Griffin Agent as "Registered member of authorized member as "Authorized member of a mem		
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Page 3 of 3

Filing Fee: \$25.00