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2015 OCT 12 P I2: 14
SECRETARY OF STATE

OCT 13 2015 J. BRUCE

COVER LETTER

Division of Cor	porations `			
The Grodin	Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Josh Grodin			
		Name of Person		
	The Grodin Group, LLC			
		Firm/Company		
	3900 NW 25th Way			
		Address		
	Boca Raton, FL 33434			
		City/State and Zip Code		
	josh.a.grodin@gmail.com		74 S	
	E-mail address: (to be used for future annual report notifica	ition)	(Trape of
For further information of	oncerning this matter, please ca	all:	SECRETARY I	
Josh Grodin		202 841-1387 at ()	• (E)	
	f Person	Area Code Daytime T	elephone Number 22	D
Enclosed is a check for t	he 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)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Grodin Group, LLC			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Lial Florida document number L13000051896	oility Company	were filed on 04/09/2013	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
G3 Public Affairs, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	3900 NW 25th Way	
Principal office address MUST BE A STREET	ADDRESS)	Boca Raton, FL 33434	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/oregistered agent and/oregistered agent and/oregistered office	r registered of	3900 NW 25th Way Boca Raton, FL 33434 ffice address on our rece:	2015 OCT 2 D 12the name of the name of t
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street a	dinas
		Enter r tortaa street aa	uaress
		City	, Florida Zip Code
		···,	zap Cour.

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>	Address	Type of Action
	<i>i</i> 1/ <i>b</i>		
		····	□ Remove
			Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil	
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ory filing requirements, this date will not be l
ecord specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the ea
e 90th day after the record is filed.	
, October 7 2015	
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//2/////	

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Typed or printed name of signee

Filing Fee: \$25.00