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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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DEC - 5 2013

T. BROWN

	C	COVER LETTER	*
TO: Registration Section Division of Corporat	ions	4	>
SUBJECT: World	Name of Limite	Court Reported Liability Company	ting LLC
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ce concerning this matter t	o the following:	
_	Danny	Name of Person	
<u> </u>	Vorld Class	Firm/Company	ny LLC
	1132 Rest	Address	
		Brech FL 33 City/State and Zip Code	
	•	be used for future annual report notificat	ion)
For further information concer	ning this matter, please ca	II:	
Danny Div.	to on	at (S61) 644-156 Area Code & Daytime To	elephone Number
Enclosed is a check for the following	owing 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)

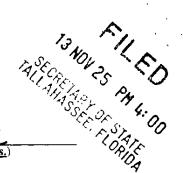
MAILING ADDRESS:

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



(Name of the Limited Liability Compan (A Florida Limited Li	y as it how appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/29/2013 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	lity company here:
Griffin Management Solut The new name must be distinguishable and end with the words "Limite" L.L.C."	ions Limited Liability Companed Liability Companed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2132 Reston Circle
(Principal office address MUST BE A STREET ADDRESS)	Royal Palm Beach F1 33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2132 Reston Circle Royal Palm Brach Fl 33411
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M: MGRM = 1	nnager Managing Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
			<u> </u>	
			Add	
			Remove	
			Add	
			Add	
			Remove	
			Kemove	
			Remove	
			Add	
			Remove	

f amending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
November 21st	<u>, 2013</u> .
4	Fund Aivil
Signat	ure of a member or authorized representative of a member
Dann	1 Divito
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00