

L 13000168126

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRIPTION, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

DEC 11 2019

A. LUNT

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

GRIPION, 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 12/02/2013 and assigned Florida document number L13060168126.

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:

Avenue de Amazone #4

(Principal office address MUST BE A STREET ADDRESS)

1640 Rhode St. Genese, Belgium

Enter new mailing address, if applicable:

Avenue de Amazone #4

(Mailing address MAY BE A POST OFFICE BOX)

1640 Rhode St. Genese, Belgium

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:

CORPORATE CREATIONS NETWORK INC.

New Registered Office Address:

11380 PROSPERITY FARMS RD., SUITE 221E

Enter Florida street address

PALM BEACH GARDENS

Florida 33410

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.



Lauren Underwood, Special Secretary

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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ALL INFORMATION CONTAINED
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19 JAN 10 AM 8:55
STATE OF FLORIDA
TALLAHASSEE

(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 (1)(b)

Dated January 7, 2019

Signature of a member or authorized representative of a member

CHING HWEI WU

Typed or printed name of signee