

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053

Phone Fax Number : (561)694-8107 : (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRIFFON FORCE, LLC**

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Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

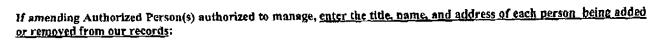
2915 DEC 28 AM 8: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA

griffon foi			
(Name of the Limited Liability Comp. (A Florida Limited	uny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	11/11/2015	and assigned
Florida document number L.15000190645			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Datas and malling address (Canallink)			
Enter new mailing address, if applicable:			······································
(Mailing address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on <u>ce</u> :	our records, ente	r the name of the ne
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	_		
	Enter Flor	ida sireet 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 heing 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



MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Secretary	Christopher T. Vernon	999 Vanderbilt Beach Road	Add
		Suite 200	□ Remove
		Naples, FL 34108	☐ Change
VP	John Benkert	999 Vanderbilt Boach Road	B Add
		Suite 200	
		Naples, FL 34108	Change
Treasurer	Gregory P. Scasny	999 Vanderbilt Beach Road	¥qq
		Suite 200	Remove
		Naples, FL 34108	Clange
President	Carrie Kerskie	999 Vanderbilt Beach Road	■ Add
		Suite 200	☐ Remove
		Naples, FL 34108	☐ Change
			Remove
			Change
			□ Add
			□ Remove
			Change

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Note: If the date	if other than the is listed, the date imist inserted in this blottive date on the De	ick does not m	nect the applic	cable statutory	g or more dian filing requi	90 days after trements, this	nal) filing.) Pursuant date will not b	to 605.0207 (3)(b) be listed as the
e record spe The 90th da	cifies a delayed y after the reco	effective d and is filed.	late, but no	ot an effect	ive time, i	st 12:01 a	.m. on the (earlier of:
Decembe	r 28		2015					
		1.	10.5	$\overline{}$				
		Signature of a r	member or auth	mized represen	tative of a mo	mber		_

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