

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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

Email Address: MSStat@SC@Consultants.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRIP REVENUE STRATEGIES, LLC

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

RECEIVED

JAN 16 2018

S. WARREN

JAN 17 2018

H1800019414 3

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

GRIP REVENUE STRATEGIES, 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 06/29/2016 and assigned
Florida document number L16000124304

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRIP STRATEGIES CONSULTING, LLC.

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:

3800 Inverrary Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Lauderhill, Florida 33319

Enter new mailing address, if applicable:

3800 Inverrary Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Lauderhill, Florida 33319

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADRIAN BRADY	3800 Inverrary Blvd	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Lauderhill, Florida 33319	<input type="checkbox"/> Change
D	THE LAW OFFICES OF NICK SPRADLIN, PLLC	18801 N. DALE MABRY	<input type="checkbox"/> Add
		HWY #119	<input checked="" type="checkbox"/> Remove
		LUTZ, FL 33548	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(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 605.0267 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 01/06, 2018

Signature of a member or authorized representative of a member.

NICKOLAS J. SPRADLIN AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of S. free

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