L180000027872

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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APR IZ PH 1: 2:

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: The	Cariffy Over Name of Limit	Garyzation LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Byan G	Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	701 W.B	ay St. Address	
	Tampa 1	FL 33000 City/State and Zip Code	
-	()	to be used for future annual eport notif	COW ication)
For further information conc	illin	at (873) 76 C	5702 Telephone Number
Enclosed is a check for the f	ollowing 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



April 4, 2018

BRYAN D GRIFFIN 701 W BAY STREET TAMPA, FL 33606

SUBJECT: THE GRIFFIN ORGANIZATION LLC

Ref. Number: L18000027872

We have received your document for THE GRIFFIN ORGANIZATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00006817

RECEIVED

MISON OF CORPORATE

JAVISTON OF CORPORATE

JALLAHASSEE

MI APR 12 PH 1: 29

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L.	Van Zation Campany as it now appears on c	LLC	
The Articles of Organization for this Limited Liability Cor Florida document number 1800027872	mpany were filed on	31/18	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRE	(22)	2 92	32
Time.pur office uturess most but is trade to most			200 Canada
Enter new mailing address if applicables		ASSE You	70 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7-1703 (T-270	2
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		> C)	G
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the	name of the ne
register ou agent unary the new register ou only grant			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	7: 0.1
	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.

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 **Title Type of Action** Name 1 Byan D. Girthn, Esq. Torw Boy St.

Tampa FL 33404 ☐ Remove Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
Effe	ctive 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 605.6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	020' d as
docı	iment's effective date on the Department of State's records.	
	and an efficient delegated effective dates, but not an effective time, at 12:01 a.m. on the earlie	ra
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies are 90th day after the record is filed.	
Date	ed 04\09\18	
	Signature of a member or authorized representative of a member	4
	Busin Guller	•
	Typed or printed name of signee	Ĩ
	Page 3 of 3	į
	Filing Fee: \$25.00	

Filing Fee: \$25.00