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(R	lequestor's Name)		
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PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates of	Status	
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## **COVER LETTER**

то:	Registration Se Division of Cor			
ON 188 8812		n Griffin Ventures LLC		
SUBJEC	.: . <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Anna Richardson Griffin		
			Name of Person	
			Firm/Company	
		14904 Arbor Springs Circle	e, Apt 104	
		Tampa, FL 33624	Address	
		amr1005@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Anna R	ichardson Griffi	in	813 843-4005	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>□ \$</b> 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:

TO:

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 Compar (A Florida Limited I.	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/23/2018	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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		22 ART
Enter new mailing address, if applicable:		Te a II
(Mailing address MAY BE A POST OFFICE BOX)		7 9 44 3 14 6 6 7 7 14 16 16 16 16 16 16 16 16 16 16 16 16 16
		33.V
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	·	·
	Enter Florida street address	
	Flor	idaZip Code
	City	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
	Anna Richardson Griffin	14904 Arbor Springs Circle	
AMBR			
		Apt #104	
		T. 51.00004	Remove
		Tampa, FL 33624	
MGR	Sheila L Griffin	14904 Arbor Springs Circle	
			□ Add
		Apt #104	
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		Tampa, FL 33624	
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is an authorized manager, not member.					
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tive date, if other than the date of filin	07/24/2018	(opti		44	
ffective date is listed, the date must be specific an If the date inserted in this block does not inent's effective date on the Department of S	id cannot be prior to date of fil meet the applicable statuto	ng or more than 90 days after	r tiling.) Pur:	suant to not be	605.0 listed
cord specifies a delayed effective of e90th day after the record is filed.		tive time, at 12:01 a	3.m. on t	the ea	arlier
August 17	2018				
Signature of a	number or authorized repres	entative of a member			-
•	'				

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Filing Fee: \$25.00