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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

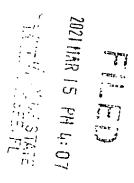


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COVER LETTER

TO:

TO: Registration Se Division of Cor			
BEAU GRI SUBJECT:	FFIN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Griffin		
		Name of Person	
		Firm/Company	
	17711 Overstreet Lane		2021 NAR
		Address	
	Spring Hill, FL 34610		· ' '
	beau.griffin86@gmail.com	City/State and Zip Code to be used for future annual report no	PM 4: 07
For further information c	oncerning this matter, please e	•	incation)
Matthew Griffin		407 947-9712 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beau Griffin LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	15.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/08/2020	and assigned
Florida document number L20000383322		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
Matthew Griffin LLC		~)
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	"IL.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	(1)
		? - 7
		10
Inter new mailing address, if applicable:		Ph 07
Mailing address MAY BE A POST OFFICE BOX)		
raining against Africa 100 to 11		
3. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regist
gent and/or the new registered office address here:	onice address on our records, <u>enter</u>	the many of the new region
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street addre:	Pec.
	етез ғалғад меч иште	1,5
		lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		·	□Add
			Remove
			70 E.
			Add To Ad
			□Change
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fective date, if other than the effective date is listed, the date in this. If the date inserted in this.	ust be specific an	d cannot be prior	to date of filing o	or more than 90 da	ys after filing.)	Pursuant	to 605.020
cument's effective date on the				ning requiremen	us, uns date w	TH HOLE	ie usieu i
ccord specifies a delayed effect is filed.	ave date, but no	t an effective t	me, at 12:01 a.	m. on the earlier	of: (b) The	90th da	y after th
March 11		2021					
ted March 11			<u> </u>				
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		<i>4.111</i> —		tive of a member			