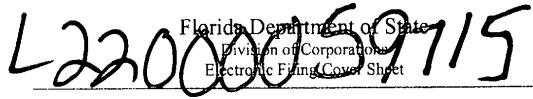
3/28/22, 11:08 AM

Division of Corporations



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(((H22000113122 3)))



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To:

Division of Corporations

Fax Number

Page: 2 of 6

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KC GRIFFIN RANCH LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

1/1

Page: 3 of 6

COVER LETTER

то:	Registration Security Division of Corp				
SUBJEC		IN RANCH LLC			
	CT:	Name of Limit	ed Liability Company		
		Amendment and fec(s) are subn			
Please re	eturn all correspo	ndence concerning this matter to	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address	****	
		Glendale, CA 91203			
		City/State and Zip Code cristasnook@embarqmail.com			
		E-mail address: (to be used for future annual report notification)			
For furt	her information c	oncerning this matter, please ca	II;		
Cheyen	ine Moscley		800 773-0888		
	Name o	t Person	at ()	ne Telephone Number	
Enclose	d is a check for the	he following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COUR	1ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KC GRIFFIN RANCH LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	oany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar lorida document number 1.22000059715	ny were filed on 02/03/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
SC Griffen Ranch LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, en	teesthe name of the
egistered agent and/or the new registered office address h	<u>ere</u> :	2022 HAR SECULIA
Name of New Registered Agent:		100 E
New Registered Office Address:	Enter Florida street address	- mi
	. Florida	PH 12: F S FAI F LOR
		· ——

New Registered Agent's Signature, if changing Registered Agent:

Page: 4 of 6

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

Page: 5 of 6

MGR = Manager

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

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change

D.

E.

2022-03-28 09:10:29 PDT LegalZoom.com, Inc.

From: Sylvia Pau

03-15-22;08:26 ;From:Uakeside Medical Center To:83239624521 ;561

= 47 3

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
.,	
	
	
Note: If the	(optional) 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 605,9207 (3)(to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record (b) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	Outa R. Signature of a member of authorized representative of a member
(Crista R Snook
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00