K22CCO2CC5C5

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



Office Use Only



700392165887

08/08/22--01017--005 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2022

ALYSSA GRIFFON

10819 DAYBREAK GLEN PARRISH, FL 34219

SUBJECT: GRIFFON BOGDONOFF LLC

Ref. Number: L22000200805

We have received your document for GRIFFON BOGDONOFF LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is.

P94000079403

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) 245-6052.

Nadira D McClees-Sams EXECUTIVE ASSISTANT

Letter Number: 022A00023981

Division of Comments of Division of Division of the Comments o

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIFFON BOGDONOFF LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) amited Liability Company)	, 2, w
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000200805</u>	mpany were filed on 04/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited LJR Griffon P		
The new name must be distinguishable and contain the words "Limite		the abbreviation "L.1C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	300
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	Florid	la Zip Code
	* rv	I

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
And the last of th			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change

							
	1			- <u>-</u>			_
_			- <u></u>	<u> </u>			_
_					-		_
_						_	_
_		··					
							_
•				·	·····	(7)	-
_						\$ \frac{200}{2}	3
							? -
						ر کا این کا این کا این ک	
_							
					<u> </u>	ان م ^{ور.} ش ش	_ 😼
_							-
_							_
				<u> </u>	-		-
							-
			-			<u>, , , , , , , , , , , , , , , , , , , </u>	_
ii an effec	ve date, if other tha etive date is listed, the da If the date inserted in t ent's effective date on	ne must be specific this block does no	and cannot be prior of meet the applie	able statutory fili	nore than 90 days ang requirements,	ptional) after filing.) Pursuant to 60 this date will not be lis	5.0207 ted as
documei			not an effective ti	me, at 12:01 a.m	on the earlier of	l (b) The 90th day afte	er the
e record	specifies a delayed ef d.	dective date, but i	in checive ii				
e record	и.	Tective date, but i	2022	. ·			
ne record	specifies a delayed ef ed. August 6th	18200		 ·			

Filing Fee: \$25.00