123000111928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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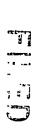


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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divis	sion of Cor	porations	
	GT Griffin	Plaza LLC	
SUBJECT: _		Name of Lin	nited Liability Company
The enclosed .	Articles of	Amendment and fee(s) are sub-	omitted for filing.
r rease return a	an correspo	modice concerning this matter	to the Milowing.
		Chandy Samuel	
			Name of Person
			Firm/Company
		11050 Griffin Road	
	Name of Person	Address	
		Davie FL 33330	
Davie FL 33330 City/State and Zip Code			
		· ·	<u> </u>
For further inf	formation c		(to be used for future annual report notification)
Sydnee Samue			at () Daytime Telephone Number
	Name o	f Person	(to be used for future annual report notification) call: at (954 997-9779
Enclosed is a	check for tl	ne following amount:	ιπ ω
■ \$25.00 Fi	ling Fee		Certified Copy Certificate of Status &
*		orporations	Division of Corporations
			The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gt Griffin Plaza LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on $\frac{03/02/2023}{}$ and assigned
lorida document number L23000111928	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
e new name must be distinguishable and contain the words "Limited Liabil	
nter new principal offices address, if applicable:	2023 MAR 5
rincipal office address MUST BE A STREET ADDRESS)	7
	N
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	FLE 23
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
ent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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
MGR	Chandy Samuel	14201 Stirling Road Southwest Ranches FL 33330	= Add
			□Remove
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	ion, enter change(s) here: (Attac			
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n effective date is listed, the date must	date of filing: be specific and cannot be prior to date of speck does not meet the applicable statue partment of State's records.	filing or more than 90 days after	filing.) Pursuant to 605	
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12	:01 a.m. on the earlier of: (b		r the
March 16	2023	1	2023 MAR 20 Stall in the	CZ
	Chendy X	and		; ;-
	Signature of a member or authorized repl	EsënistiVe of a rhember	PH 4:)
CHandy Samuel				

Filing Fee: \$25.00