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COVER LETTER

10: Registration Sec Division of Corp				
SUBJECT: Port	er Giffin Home Name of Lim	Services LLC ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Name of Person A Home Services Firm/Company	UC	
	1027 EATO	Address	 	
	Kay Wast ;	FL 33040 City/State and Zip Code		
	1	City/State and Zip Code iv r (e @ G, r a) i . Com to be used for future annual report noti	fication) σ	
For further information co	oncerning this matter, please c	·	TOTAL TALL	13 T
Delek Pier	Person	at (603) 205 Area Code Daytim	SECULIAR SEC	12 C 2 K
Enclosed is a check for the	e following amount:		OO ATE	
\$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)	
Mailino Address	·	Street Address:		

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porter Griffin Home:	Services LLC			
Porter Griffin Home (Name of the Limited Lial (A Flor	bility Company as it now appearida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on		and assigned	
Florida document number <u>L230054359</u>	<u>D_</u> .			
This amendment is submitted to amend the following.	:			
A. If amending name, enter the new name of the li	mited liability company h	ere:		
The new name must be distinguishable and contain the words "I	imited Liability Company," the	designation "LLC" or the abb	previation "L.L.C."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET AD	DRESS)			_
				-
Enter new mailing address, if applicable:	 		. 3	_
(Mailing address MAY BE A POST OFFICE BOX)	-, , , , , , , , , , , , , , , , , , , 			,- .a
			0 1	<u>.</u> -1
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, <u>enter the name</u>	of the new registe	<u>ete</u>
agent and/or the new registered office address nerv	<u>-</u> -		411: 00 FSTATE	
Name of New Registered Agent:			<u>m</u>	_
New Registered Office Address:				_
	Enter Flo	orida street address		
	City	, Florida	Zip Code	_
	City		ry cour	

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 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

Change C	<u>Title</u>	Name	Address	Type of Action
Change Add Remove Change Chan	MGR	Derek Pierce	1027 EATON St	[v] Add
			Krywist, FL 33040	□Remove
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f amendir	ng any other information, enter change(s) here: (Attach additional sheets. if	necessary.)	
			
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fective d	ate, if other than the date of filing:(optional)	22.2
ote: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days and date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.		
		cal months	.,
record spe l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	or: (b) The 90th day after	rine
ated _\	2/12/2023		
	Va Ro		
-	Signature of a member or authorized representative of a member		
-	Typed or printed name of signee		