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COVER LETTER

TO:

Registration Section

Tallahassec, FL 32314

Div	ision of Cor	porations		
CURIE CT	GRIFFIN R	EALTY PARTNERS, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROBERT CRAIG GRIFFE	N, SR.	
			Name of Person	
		GRIFFIN REALTY PART	NERS, LLC	
		· · ·	Firm/Company	
		32124 RED TAIL BLVD		
			Address	
		SORRENTO, FL 32776		
			City/State and Zip Code	
		RCGRIFFIN118@GMAIL.		
		E-mail address: (o be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please ca	ill:	
ROBERT C	RAIG GRIFI	FIN, SR	678 654-4997	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		☐ \$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)
	iling Addres gistration S		Street Address Registration	
Div	vision of C	orporations	Division of C	Corporations
P.C	D. Box 632	.7	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIFFIN REALTY PARTNERS, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on JULY 29, 2024		and assigned
Florida document number L24000334117			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KIMBERLY GRIFFIN, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	32124 RED TAIL BLVD		<u>. </u>
Principal office address MUST BE A STREET ADDRESS)	SORRENTO, FL 32776	agend Maga	i i
			(
Enter new mailing address, if applicable:	32124 RED TAIL BLVD	11/15/5	re -
Mailing address MAY BE A POST OFFICE BOX)	SORRENTO, FL 32776	FF.	:
Mulling dudress WAT DE AT OUT OF THE DOWN		F	(
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name	of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	2SS	
		lorida	7: 0 :
	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
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Remove
			Change

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NO OTHER CHANGES REQUIRED.	THANK YOU.
	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effectiv he 90th day after the record is file	we date, but not an effective time, at $12:01\ a.m.$ on the earlier of: ed.
ted 10-14-24 Signature	of a member or authorized representative of a member

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