Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210002146313)))



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To:

Division of Corporations

Email Address:____

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

RECEIVED DI 1:5

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRIFFIN FAMILY SERVICES LLC

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

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 05

 Estimated Charge
 \$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: Griffin Family Services LLC	s on the records of the Florida Department of		
Enter new principal office address, if applicable:			
(Principal office address	131 South Dearborn Street		
MUST BE A STREET ADDRESS)	Chicago, Illinois 60603		
Enter new mailing address, it applicable: (Mailing address			
MAY BE A POST OFFICE BOX)	131 South Dearborn Street		
	Chicago, Illinois 60603		
2. The Florida document number of this limited lia	ability company is: M18000007297		
			
4. Date authorized to do business in Florida: Aug	ust 8, 2018		
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: $\frac{G}{\text{(mus)}}$	FS LLC 4 contain "Limited Liability Company, " "L.L.Co" or "!	IIC.	
IGFS LLC		2021	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	If for the purpose of transacting business in Florida and a naging members adopting the alternate name. The altern C." or "LLC.")	ale mente	
6. If amending the registered agent and/or registered agent and/or the new registered office as	ed officer address on our records, enter the name of the	iew ₹ G	
Name of New Registered Agent:		္ကို္င္က	
New Registered Office Address:	Enter Florida Street Address	_	
	, Florida	e	
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to co and complete performance of my duties, and I am famil tered agent as provided for in Chapter 605, F.S. Or, if the in the registered office address, I hereby confirm that the	iar with his	

If Changing Registered Agent, Signature of New Registered Agent

◆ Page: 4 of 5

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
			□Remo	
			ElRemo	
			DbA□	
		□Remo		
		DAdd		
		Remo		
		LIAdd		
aforementioned an	the law of which this entity is organ	the official having custody of records in th	□Remo	
	Signature of t	tie addititisen tehtesettanas		

Filing Fee: \$25.00

To: 18506176383 • Page: 5 of 6 2021-05-28 11:46:41 CST 16144554862 From: James Tanks III

GFS LLC

CONSENT TO USE OF NAME

GFS LLC, a limited liability company organized under the laws of the State of Delaware, does hereby consent to the use of the name 1GFS LLC in the State of Florida.

IN WITNESS WHEREOF, the authorized person has caused this consent to be executed this the 28^{th} day of May, 2021.

Catherine Stickrod

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'GRIFFIN FAMILY

SERVICES LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'GFS LLC' ON THE TWELFTH DAY OF MAY, A.D. 2021, AT 10:43

O'CLOCK A.M.

FILED

2021 MAY 28 AM 10: 35

CALL SHASSEE FLORID

20



Authentication: 203207477

Date: 05-14-21

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