

B06 000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

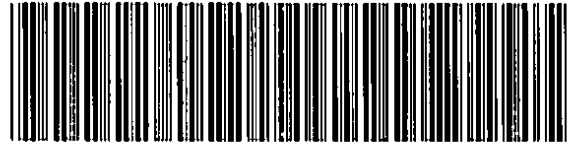
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/28/20--01029--001 **52.56

SECRET OF STATE
OFFICE OF CORPORATIONS
111 ALFRED ST
ALBANY, NY 12242

2020 APR 20 PM 4:19

FILED

APR 21 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

ADRIANA VERARA
C/O INTELLIGENT CONST
2665 S BAYSHORE DRIVE #410
MIAMI, FL 33133

SUBJECT: GROVE ISLE ASSOCIATES, LLLP
Ref. Number: B06000000023

We have received your document for GROVE ISLE ASSOCIATES, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

LAST PAGE IS MISSING. THE PAGE THAT WAS MAIL IN IS NOT CORRECT

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 120A00006452

April 14,2020



2020 APR 20 PM 1:14

Sheila H Young
Regulatory Specialist II
Florida Dpt of State

Subject ; GROVE ISLE ASSOCIATE, LLLP REF NUMBER B06000000023

As per your request, find attached executed last page.
Let me know if you need further information.

Best Regards,

ADRIANA VERGARA
adriana@intelligentcons.com
2665 S Bayshore Dr suite 410
Miami, FL 33133

2665 South Bayshore Dr.
Suite 410
Miami, FL 33133

Office. 305 444 9102
Fax. 305 444 9141

info@intelligentcons.com

www.IntelligentCons.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROVE ISLE ASSOCIATES LLC
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ADRIANA VERGARA
Contact Person

c/o INTELLIGENT CONST
Firm/Company

2665 S BAYSHORE DR #410
Address

MIAMI FL 33133
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA VERGARA at (305) 444-9102
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

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

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

DEPARTMENT OF STATE
DIVISION OF CORPORATE
AND FINANCIAL SERVICES

2020 APR 20 PM 4:20

FILED

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

GRAVE ISLE ASSOCIATES, LLLP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership Bob 000000023

2. The jurisdiction of its formation is: ~~Bob 000000023~~ Delaware

3. The date the entity was authorized to transact business in Florida is: 01/12/2006

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

N/A

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:	Business Address:	
<u>Quattro at</u>	<u>2665 S-Bayshore Dr #410</u>	<input checked="" type="checkbox"/> Add
<u>Grove Isle, LLC</u>	<u>Miami, FL 33133</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

The entity elects to be a limited liability limited partnership.

The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. _____

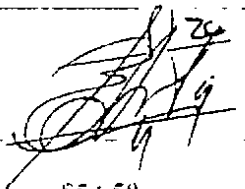
10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Typed or printed name:

EDUARDO AVILA



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75