

**BO60000000023**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

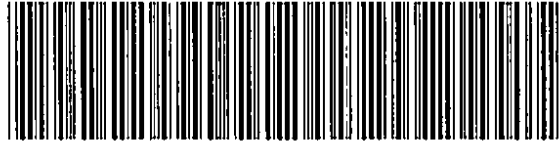
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 14 AM 10:53

STATE OF FLORIDA  
CORPORATION

RECEIVED

2022 JUN 14 PM 12:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 16 2022

D CUSHING

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

SECRET  
TALLAHASSEE, FL  
2022 JUN 14 AM 10:53  
6:11 PM

ACCOUNT NO. : I20000000195  
REFERENCE : 737179 8383277  
AUTHORIZATION : *Sybil Clemon*  
COST LIMIT : \$ 52.50

ORDER DATE : June 10, 2022  
ORDER TIME : 4:53 PM  
ORDER NO. : 737179-005  
CUSTOMER NO: 8383277

FOREIGN FILINGS

NAME: GROVE ISLE ASSOCIATES LLLP

       CORPORATE  
XX        LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grove Isle Associates LLLP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

FILED  
2022 JUN 14 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to:

CASON FRANCIS  
Contact Person

Grove Isle Associates LLLP  
Firm/Company

1550 Biscayne Blvd Ste 300  
Address

Miami, FL 33132  
City, State and Zip Code

CFrancis@cme-realestate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASON FRANCIS at (305) 372-0550  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.50 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**

SECRETARY OF STATE  
2022 JUN 14 AM 10:53  
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:

GROVE ISLE ASSOCIATES LLLP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership:

B06000000023

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 1/12/2000

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

*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.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

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

Name:  
GROVE ISLE YACHT & TENNIS CLUB LLC

Business Address:  
13611 DEERING BAY DRIVE  
CUTWATER GOLFERS, FL. 33158

Add  
 Remove  
 Change

Vita Development LLC

1550 BISCAYNE BLVD STE 300  
MIAMI, FL. 33132

Add  
 Remove  
 Change

ABR - Arthur MURPHY

1550 BISCAYNE BLVD STE 300  
MIAMI, FL. 33132

Add  
 Remove  
 Change

Add  
 Remove  
 Change

Add  
 Remove  
 Change

Add  
 Remove  
 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:

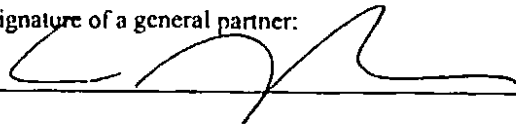
- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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:

ARTHUR MURPHY  
\_\_\_\_\_

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