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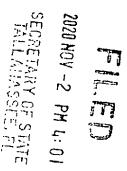
(Re	questor's Name)	
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12/11/20

COVER LETTER

TO:

	egistration Se ivision of Cor			
SUBJECT		GROVE LLC		*
SUBJECT	• —-	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Caroline Creyf		
			Name of Person	
			Firm/Company	
		2637 E Atlantic Blvd		
			Address	
		Pompano Beach 33062		
			City/State and Zip Code	
		caroline@creyfs.org		
For further	information c	oncerning this matter, please c	to be used for future annual reporall:	спописанов)
Caroline C	lreyf		786 230980: at ()	
	Name of	f Person	Area Code Da	sytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$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)
	lailing Addres		Street Addres Registration	
Registration Section Division of Corporations		-	Corporations	
P	.O. Box 632	7	The Centre	of Tallahassee
T	`allahassee, I	L 32314	2415 N. Mc	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION IN EDITION

2020 HOY -2 PM 4:01

MAYFAIR GROVE LLC

(Name of the Limited Liability Company as it now appears of the records of STATE

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on April 10, 2018	and assigned
Florida document number L18000091002		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
32 Homes LLC		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
N 0 1 100 AN		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applica	o date of filing or more than 90 debte statutory filing requirement	(optional) ys after filing.) Pursuant to 605.0207 (nts. this date will not be listed as the
e record specifies a delayed effective dord is filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated	09:47 a.m.	_ ·	
Sii	gnature of a member or autho	rized representative of a member	