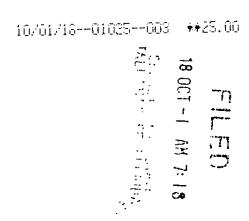
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		GROVE, LLC		
0,0000011		Name of Lirr	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		OLIVER L. GROSS		
			Name of Person	
		NEW URBAN DEVELOR	PMENT, LLC	
			Firm/Company	
		8500 NW 25TH AVENUE	Ē	
			Address	
		MIAMI, FL 33147		
		NDESAMOURS@NUDLL	City/State and Zip Code .C.ORG	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	iformation ec	oncerning this matter, please ca	all:	
OLIVER L.	GROSS		305 696-4450 at ()	
	Name of	'Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

records.)	
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·	he name of the
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, Florida	Zip Code
-	ecords, enter the

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
AMBR	KEITH FRANKLIN	8500 NW 25TH AVENUE	
			Add
		MIAMI, FL 33147	
			Remove
			☐ Change
	OLIVER L. GROSS	8500 NW 25TH AVENUE	Change
AMBR			□ Ađd
		MIAMI, FL 33147	
			■ Remove
			Change
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E. Effec	tive date, if other than the date of filing:
<u>Note</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.
7 C.11	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.
Dated	1
	1/1/2 / 4

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00