303586

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SECTION OF SIME

APR 1 5 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		ERVICES, INC.	OF MIAMI	
DOCUMENT NUMBER: 303586				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	·	
Please return all correspondence concerning this matter to the following:				
	CANDY BROWNLOW			
		Name of Contact Person	1	
	JOHN P. MAAS,	Attorney at Law		
		Firm/ Company		
	44 N.E. 16 STRE	ET		
		Address		
	HOMESTEAD, F	L 33030		
	W. P. C.	City/ State and Zip Code	е	
MA	RYPHILCOX@M	E.COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
CANDY BRO	WNLOW	at (305	_{.)} 247-7132	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address				
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, Fl. 32314 2661 Executive Center Circle				
		Tallaha	assee, FL 32301	

Articles of Amendment Articles of Incorporation

GROVE SERVICES, INC. OF MIAMI

(Name of Corporation as currently filed with the Florida Dept. of State) 303586

(Document Number of Corporation (if known)

endment(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendmer	nt(s) to	1
A. If amending name, enter the new name of the corporation: N/A			5	
			PR	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co . A projessional corporation name must be	bbreviation contain the	13 孫10:23	FILED
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered of fice address		-		
Name of New Registered Agent NIA				
(Florida su	reet address)			
New Registered Office Address:	, Florida	_		
(City)				
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.			
Signature of New Registered A	Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO/D	LOUIS M. CARRICARTE	8770 Sunset Drive
Add			#531
Remove			Miami, Florida 33173
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
	· · · · · · · · · · · · · · · · · · ·
	
	
If an amandment provides for an avail	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated Marc	ch 18 , 2015	
Signature	lla M. S.	
	director, president or other officer – if directors or officers have not been	
	red, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	President	
	(Typed or printed name of person signing)	
	MARK PHILCOX	
	(Title of person signing)	