A180000000271

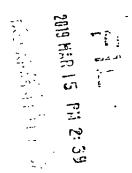
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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BRUCE MAR 18 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2019

STEPHEN B SINGLETEARY 3350 SW 27TH AVENUE, APT. 903 MIAMI, FL 33133

SUBJECT: GROVE DEVELOPMENT PARTNERS, LP

Ref. Number: A18000000277

We have received your document for GROVE DEVELOPMENT PARTNERS, LP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

850-245-4984

Letter Number: 919A00003167

1. 72.50

www.sunbiz.org

COVER LETTER

TO: Registration Division of C				
	evelopment Partners, LP			
SUBJECT:		rtnership or Limited Liabil	ity Limited Partnership	
Na	ine of Fronga Enfined Fa	dicising of Linned Clabit	ny rainteu i arthership	
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	d for filing.	
Please return all corr	espondence concerni	ng this matter to:		
Stephen B Singleteary				
	Contact Person			
Legacy Ventures, LLC				
	Firm/Company			~3
3350 SW 27th Avenue A	pt. 903		3.	
	Address). 31.	基
Miami, Florida 33133			2. '	2019 HAR 15 PH
(City, State and Zip Code		*. **	
sbs1409@aol.com				
E-mail address: (to	be used for future annual	report notification)		
	on concerning this ma	atter, please call:		
Stephen B Singleteary		312 420 at ()	-0464	
Name of Contac	ct Person	Area Code and Day	ytime Telephone Number	-
Enclosed is a check t	for the following amo	unt:		
☐ \$52.50 Fiting 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	
STREET ADDRES	S:	MAILING	ADDRESS:	
Registration Section		Registration		
Division of Corporat Clifton Building	ions	Division of P. O. Box 6	Corporations	
2661 Executive Cent	er Circle	Tallahassee.	:	

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ntly on file with Florid	da Department of State	
e certificate was fi	iled with the Florida	a Department of State on
ment to its certifica	ate of limited partne	ership.
lowing:		
of the limited part	tnership or limited l	iability limited partnership
istinguishable and cor	ntain an acceptable suff	īx.
Partnership, Limited, suffixes: Limited Liab	L.P., LP, or Ltd. fility Limited Partnersh	ip, I.L.L.P. or LLLP.
principal office	address, <u>enter new</u>	mailing address and/or
555.	27th Avenue	2019
•	22122	
Miami, Pi	33133	
3191 Gran	id Avenue	<u> </u>
Miami, Fl.	J 33233	
		r.ə
r registered office red office address	address on our rece here:	ords, <u>enter the name of the</u>
Legacy Ventures, L	LC	
3350 SW 27th Aver	nue Apt 903	
F	nter Florida street aa	ldress
E Miami	nter Florida street aa	da <u>33233</u>
	1202, Florida State e certificate was fined Florida docurrent to its certification in the limited particular istinguishable and conformation in the limited particular istinguishable and conf	of the limited partnership or limited I istinguishable and contain an acceptable suffice Partnership, Limited, L.P., I.P., or Ltd. suffixes: Limited Liability Limited Partnership principal office address, enter new 2350 SW 27th Avenue

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.

<u>tle</u>	Name	<u>Address</u>	Type of Action
	Legacy Ventures, LLC	3350 SW 27th Avenue	■ Add
		Apt. 903 Miami, Fl 33133	☐ Remove
	Sector Public Private Partners	2665 S Bayshore Drive	
		Suite 220 Miami, FL 33133	Remove
			Remove
			☐ Add ☐ Remove
			 □ Add
			☐ Remove
	ed partnership or limited liabilit ship" status, enter change here:	ty limited partnership is a	nending its "limited

	<u> </u>
fective date, if other than the date of filing:	led by the Florida Departmen
ile.)	
hte: If the date inserted in this block does not meet the applicable statutory filing require listed as the document's effective date on the Department of State's records.	ements, this date will not
gnature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the limoving a "limited liability limited partnership" election statement. Chapter 620, F.S., reconsider a "limited liability limited partnership" election statement.)	mited partnership is adding of equires all general partners to
tephn B. Singlety	
. 0	
	20
	2018 H
	2010 HAR
gnature(s) of all new or dissociating general partner(s), if any:	2012 H.A.R. 1-6
	2018 HAR 1.5 PH
	2018 HAR 15 PH 2: 1
	2018 HAR 1 5 PH 2: 3 9
	55 25 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20
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ignature(s) of all new or dissociating general partner(s), if any: typhy b. Luyury illing Fee: ertified Copy (optional): \$52.50	79 PF