

L04000083693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUL 20 2011

EXAMINER

Office Use Only



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06/11/12--01020--006 **25.00

2012 JUL 19 PM 20 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2012

TIM GROVE
691 CARNIVAL TERRACE
SEBASTIAN, FL 32958

SUBJECT: TIM GROVE CONSTRUCTORS L.L.C.
Ref. Number: L04000083693

We have received your document for TIM GROVE CONSTRUCTORS L.L.C. your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 312A00016705

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2012 JUL 19 PM 2:28

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tim Grove Constructors LLC
Name of Limited Liability Company

2012 JUL 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Grove
Name of Person
Tim Grove Constructors LLC
Firm/Company
691 Carnival Terrace
Address
Sebastian, FL 32958
City/State and Zip Code
timgroveconstructors@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Grove at (772) 532-1288
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
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

Tim Grove Constructors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/17/2004 and signed
Florida document number L04000083693

2004 JUL 19 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grove Home Remodeling LLC

The new name must be distinguishable and end with the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

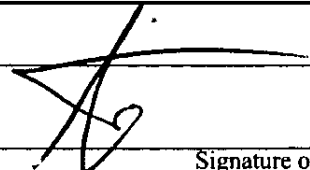
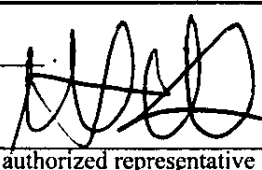
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Heather K Grove	691 carnival Terrace Sebastian, Fl 32958	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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REC'D JUL 15 2012
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

 Signature of a member or authorized representative of a member
 Timothy C Grove Heather K Grove

 Typed or printed name of signee