LC4000083693

(Rec	questor's Name)	
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COVER LETTER

	gistration Sec vision of Corp			
SUDIECT.		OME REMODELING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		TIM GROVE		
		GROVE HOME REMODI	Name of Person	
		9611 N US HIGHWAY 1.	Firm/Company SUITE 289	
		SEBASTIAN, FL 32958	Address	
		grovehomeremodeling@gm		
For further i	nformation ec	e-mail address: ()	to be used for future annual report notificall:	cation)
tim grove			772 532-1288 at ()	
7	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,001	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:

TO:

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L04000083693</u>	mpany were filed on 11-17-2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 SEC. TALL.
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>e</u> ss here:	1'17'*, yanga
Name of New Registered Agent:		AH 9:5 Florid
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LOGAN C GROVE	691 CARNIVAL TER, SEBASTIAN, FL 32958	■ Add
			□ Remove
			Change
			□ Remove
			Change
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ffect	ve date, if other than the date of filing:(optional)
`an efi	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
	<u> </u>
e re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
Dated	11/13/2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00