## 105000084214

| (Requestor's Name)                      |  |  |  |  |
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| (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: |  |  |  |  |
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

The Grove Enterprise Partners, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robbin Newman, Esq. Name of Person Firm/Company 7700 Congress Ave. Suite 3100 Address Boca Raton, FL 33487 City/State and Zip Code robbin@danburg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robbin Newman Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & □ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Grove Enterprise Partners, LLC

| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | iy as it now appears on o<br>ability Company) | our records.)   |
|--|---|---|
| The Articles of Organization for this Limited Liability Company v<br>Florida document number $\frac{L05000084214}{L05000084214}$ .   | were filed on <u>8/24/20</u> 0                | and assigned  |
| Florida document number  |   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited liabil  | lity company here:                            |   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the design                       | ation "LLC" or the abbreviation "L.L.C."                                  |
| Enter new principal offices address, if applicable:  |   | 202<br>T  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |   |
|  |   | ASS 7   |
| Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:   | ddress on our recor                           | ds, <u>enter the name of the new registere</u>                            |
|  |   |   |
| New Registered Office Address:   | Enter Florida si                              | reet address  |
| <u></u>  |   | , Florida   |
|  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my crovided for in Chap        | duties, and I am familiar with and uter 605, F.S. Or, if this document is |

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> | Name                 | <u>Address</u>                     | Type of Action |
|--------------|----------------------|------------------------------------|----------------|
| AMBR         | Tilmar Hansen        | e/o Danburg Management Corporation | □Add           |
|              |                      | 7700 Congress Ave. Suite 3100      | ≣Remove        |
|              |                      | Boca Raton, FL 33487               | □ Change       |
| AMBR         | MTK Boca Corporation | e/o Danburg Management Corporation | <b>≣</b> Add   |
|              |                      | 7700 Congress Ave. Suite 3100      | □Remove        |
|              |                      | Boca Raton, FL 33487               | □Change        |
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| <b>fective date, if oth</b><br>in effective date is lists | <b>ver than the date</b><br>ed, the date must be s | e <b>of filing:</b><br>pecific and cannot be prior  | to date of filing or mor | optional (optional ethan 90 days after filin | )<br>g.) Pursuant to 605 0207 |
| <u>ote:</u> If the date inse                              | rted in this block d                               | loes not meet the applic<br>ment of State's records | rable statutory filing   | requirements, this dat                       | e will not be listed as       |
| rement's circuit  | date on the Deput                                  | THE OF THE STEENING                                 |                          |  |                               |
| ecord specifies a de                                      | laved effective dat                                | e, but not an effective t                           | ime, at 12:01 a.m. or    | the earlier of: (b) T                        | he 90th day after the         |
| is filed.   | •  | //  |                          |  | ·                             |
| 17 . h  | 20   | 2020  |                          |  |                               |
| February<br>ated  | 28   |   | ·                        |  |                               |
|   |  | Mayer   | <u></u>                  |  |                               |
|   | Sign   | Aturgof a member or auth                            | or or representative o   | f a member                                   |                               |
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| Tilmar Ha   | • • • • • • • • • • • • • • • • • • •              | 1/ /  | 1 -1 1 1                 |  | 1 1                           |

Filing Fee: \$25.00