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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration of Division of	on Section f Corporations	:				
SUBJECT:		Grove Planning, LLC Name of Limited Liability Company				
		, ,				
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.				
Please return all con	respondence concerning this matter	to the following:				
	G	abriel J. Lopez-Bernal Name of Person	· ————			
	The (Grove Street Partnership Firm/Company				
		520 Gerona Avenue Address				
	Cc	oral Gables, FL 33146 City/State and Zip Code				
	E-mail address: (f	oezbernal@gmail.com o be used for future annual report notification	m)			
For further informati	ion concerning this matter, please ca	ali:				
	priel J. Lopez-Bernal me of Person	at (<u>305</u>) 494 Area Code & Daytime Tel	4-1094 ephone Number			
Enclosed is a check t	for the following amount:					
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

Grown (Name of the Limited Liabi (A Florid	ove Plan lity Compar da Limited L	ning, LLC ny as it now appear liability Company)	rs on our records,)	<u></u>	
The Articles of Organization for this Limited Liability	y Company	were filed on	01/07/2009	and assigned	
Florida document number <u>L0900002240</u>	·				
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liabi	ility company her	<u>·e</u> :		
		artnership, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Compa	nny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		333 Arthur Godfrey Road, Suite 410			
(Principal office address MUST BE A STREET ADDRESS)		Miami Beach,	FL 33149	09 VSE	
Enter new mailing address, if applicable:		333 Arthur Go	odfrey Road, Suite	NOV 20 PM	
(Mailing address MAY BE A POST OFFICE BOX)	1	Miami Beach,	FL 33149	9 16 1A/E	
B. If amending the registered agent and/or registered agent and/or the new registered office a			our records, <u>enter 1</u>	he name of the new	
Name of New Registered Agent: Ga	briel J. L.	pez-Bernal			
New Registered Office Address: 333	3 Arthur C	Godfrey Road, S En	Suite 410 ter Florida street ada	ress	
	Mi	iami Beach	, Florida	33149	
		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, thereby 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 Title Title Name **Address Type of Action** MGRM 3580 SW 23 Street Anthony T. Garcia ☑ Add Miami, FL 33145 Remove ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 10 , 2009

Signature of a member of authorized representative of a member

Gabriel J. Lopez-Bernal
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00