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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

TO:	Registration Sec Division of Cor		•	7
elib ii		E GROVE INVESTMENT GE	ROUP LLC	
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DEBRA COHEN		
		PINEAPPLE GROVE INV	Name of Person /ESTMENT GROUP LLC	<u> </u>
		140 NORTH FEDERAL H	Firm/Company	
		BOCA RATON, FL 33432	Address	
		lee.cohen@manimalland.co	City/State and Zip Code	<u></u>
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please co	all:	
LEE C	OHEN		561 573-6628 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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

PINEAPPLE GROVE INVESTMENT GROUP 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 $\frac{06/24/2010}{1}$ and assigned Florida document number 1.10000067449 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	COHEN, DEBRA M	140 NORTH FEDERAL HIGHWAY	🗖 Add
		SUITE 200	L /\dd
			■ Remove
		BOCA RATON, FL 33432	
			Change
MGR	COHEN, STEVEN E	140 NORTH FEDERAL HIGHWAY	⊟ Add
		SUITE 200	
			☐ Remove
		BOCA RATON, FL 33432	
			☐ Change
			O:∧dd
			ري □ Remove
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<u>te:</u> If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than so the date inserted in this block does not meet the applicable statutory filing require that's effective date on the Department of State's records.	(optional) 00 days after filing.) Pursuant to 605.02 ements, this date will not be listed a
	rd specifies a delayed effective date, but not an effective time, at 10th day after the record is filed.	t 12:01 a.m. on the earlier
ed	November 28 . 2018 . But Tales Signature of a member or authorized representative of a mem	
	Dant-Tal-	
		.t

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00