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B. BOSTICK
NOV **21** 2012
EXAMINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	The Grove H Name of Limit	ed Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		•	
	W. Mich	Name of Person	
	Ne	Grove Hospitality G	roup
	3567 \	outh Federal Highwa Address	sy, mit "F"
	- Boynton	Reach, FL 33435 City/State and Zip Code	12 NOY 20 PH 2 00 TALLAHASSEE, FLORIDA
	mhay	o be used for future annual report notification	S 2
For further information	concerning this matter, please ca		D PA
Michael	Hay cook	at (904) 874 - 682 Area Code & Daytime Te	lephone Number
Enclosed is a check for t	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

THE GROVE HOSPITALITY GROUP, LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	<u>s.</u>)			
The Articles of Organization for this Limited Liability Company were filed on 10/18/2011 and assigned Florida document number 11100118999.					
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and end with the words "Li".L.C."	imited Liability Company," the designat	ion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	12 ALL			
		2 3			
		ASS 10 F			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		0 : 0 D			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		<u>iter the name of the new</u>			
Name of New Registered Agent:					
New Projectored Office Address:					
New Registered Office Address.	New Registered Office Address: Enter Florida street address				
	. Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Age	nt:				
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi-	mplete performance of my duties, a as provided for in Chapter 608, F.S	nd I am familiar with and I. Or, if this document is			

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
(M) Member	Paul Strike	3567 South Feder	al Highmy, "F" Add
		Boynton Beach, F	L 33435 Remove
	.,		Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove O PH 4:00 Add
		·	Remove
		· .	Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	This amnument is to add Paul Strike as a
	"member" to the Grove Hospitality Group, LLC.
Dated	11/17/12 ,
	Signature of a member or authorized representative of a member
	Michael Haycook Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED 12 NOV 20 PH 2: 00 FALLAHASSEE FLORIDA: