## Division of

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001041303)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD

Account Number : 075350000132

Phone

: (305)374-7580 : (305)351-2122

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GROVE RESIDENCE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

42413 V. River

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

N. Culhgan

PAX:3053747593

P. 00:

H13000104130 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 MAY -8 AM 8: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRO	VE RESIDENCE, LLC		
(Name of the Limited Lia) (A Flor	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabilifornida document numberL13000059499	ity Company were filed on		and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:	ny," the designation "I	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<b>1</b> 0		
B. If amending the registered agent and/or r registered agent and/or the new registered office		oar records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	·		
	En	ter Florida street add	ress
		, Florida	·
	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, 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

Page 1 of 2

MGR = 1 MGRM :	Manager = Managing Member	·		
Title	Name	Address	Type of Action	
MGR_	Hector Fernandez Rousselon	2601 S. Bayshore Drive. Suite 1215 Miami. Florida 33133	Add Remove	
MGR	Alejandro Martinez Altamirano	2601 S. Bayshore Drive, Suite 1215 Miami, Florida 33133	Add Remove	1
MGR	Jose Antonio Perez Helguera	2601 S. Bayshore Drive, Suite 1215 Miami, Fiorida 33133	Add Remove	
	-		Add Remove	
<del>*</del>				
			Add Remove	
D. If am	ending any other information, enter change(	s) here: (Attach additional sheets, if necessar)	TSR 🛎	
			NAY -8 CHETARY OF	FILE
Dated	May 7 ,	3 <i>4</i> / .	F STATE FLORIDA	
	JOSE L	r authorized representative of a thember  The first state of themper  The first state of themper  The first state of the first		
:		Page 2 of 2	,	
	Fill	ing Fee: \$25.00	•	

HT3000104130, 3