# 14000127926

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

GROVER CORLEW OF FLORIDA, LLC

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:

## Anuj Grover

Name of Person

Grover Corlew of Florida, LLC

Firm/Company

220 Congress Park Dr., Suite 130

Address

Delray Beach, FL 33445

City/State and Zip Code

agrover@grovercorlew.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Anuj Grover

! (\_\_\_\_\_

822-7328

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

### GROVER CORLEW OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14000127926</u> .	were filed on August 14, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity 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 here  Name of New Registered Agent:		the name of the new
New Registered Office Address:		REP TO
	Enter Florida street address	ARY 22
	, Florida	TO DE PROPERTY
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and ; if this document is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Name</u> Title <u>Address</u> **Type of Action** Alan Karrh 220 Congress Park Dr. MGR Suite 130 □ Remove Delray Beach, FL 33445 ☐ Add □ Remove ☐ Remove □ Add Remove ☐ Add □ Remove

amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.,
	<u>.</u>
ective date, if other than the date/of filing:	(optional)
effective date must be specific, cannot be prior to date of receipt or filed date at date this document is filed by the Florida Department of State)	nd cannot be more than 90 days after
H .	
September 19 //// 2014	
gnature of a member or authorized repr	resentative of a member
Anuj Grover	
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00

