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## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
(24 1 F2 24 1 C 272)	K GROVE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonardo Heidner		
		Name of Person	
	Heidner Law Firm, P.C.		
		Firm/Company	
	60E 42nd Street		2 >5
		Address	72 SEP 27
	New York, N.Y. 10165		
		City/State and Zip Code	
	leo@heidnerlaw.com		<del></del>
For further information c	n-mail address: ( concerning this matter, please c	to be used for future annual report not	ilication)
Leonardo Heidner	one on the second of the secon	212 3029867	
Name o	l Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 633	27	The Centre of	Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 ROLL SOCIAL SOCIAL

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14 D PARK GROVE LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited I	liability Company w	ere filed on 10/22/2014	and assigned
Florida document number L14000164939	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabilis	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or t	he abbreviation 3.L.C.
Enter new principal offices address, if appli	cable:		SEP 2
(Principal office address MUST BE A STRE.	ET ADDRESS)		> □
			- PH 3: IX
			မ်း A
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	· ·	dress on our records, <u>enter the </u>	name of the new reg
Name of New Registered Agent:			
New Registered Office Address:	5255 Collins Ave	. Apt. 10H	
		Enter Florida street address	
	Miami Beach	21 11	33140

## 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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with analoccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl	date of fil the specific	ling:and cannot b	e prior to dat	e of filing or	more than 90	(optio ) days after ments this	o <b>nal)</b> filing.) Purse date will r	uant to 605	5.020 ledi:
document's effective date on the D				, aaaan y m	mg require	nems, ems	dute will t	iot be rist	cu .
e record specifies a delayed effective	e date, but i	not an effec	tive time, a	it 12:01 a.n	n, on the ear	lier of: (b	The 90th	ı day afte	r th
rd is filed.  Dated August 18		2022		,					
rd is filed.		 Nicon	 [][	1					
rd is filed.	Signature	2022		representati	ve of a mem	her			

Filing Fee: \$25.00