

9/16/2015

Division of Corporations

L15 0000 62758
Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GROVE COAST, LLC.**

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SEP 17 2015

J SHIVERS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROVE COAST, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.

Name of Person

Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.

Firm/Company

8211 West Broward Boulevard, Suite 250

Address

Plantation, Florida 33324

City/State and Zip Code

orivera@srhl-law.com

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

For further information concerning this matter, please call:

Oscar R. Rivera, Esq.

954

781-1134

at ()

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 &
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(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

[H 15000223277 3]

L H 1500062398
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GROVE COAST, 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 APRIL 09, 2015 and assigned
Florida document number L1500062398

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

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ERNESTO DE LA FE		<input type="checkbox"/> Add
		3 GROVE ISLE DR., APT 1601, COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTIAAN DE LA FE		<input checked="" type="checkbox"/> Add
		3400 SW 27th AVE., APT 405, MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME A FALS		<input checked="" type="checkbox"/> Add
		8250 LOS PINOS CIRCLE, MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN FALS		<input checked="" type="checkbox"/> Add
		8250 LOS PINOS CIRCLE, MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for amending information.

15 SEP 16 AM 8:11
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DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 16 2015


Signature of a member or authorized representative of a member

OSCAR R. RIVERA
Typed or printed name of signer

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