

L15 0000 62758  
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.

((H15000223277 3)))



H150002232773ABC3

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 : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA  
Account Number : 076424000767  
Phone : (305)442-3334  
Fax Number : (305)443-3292

RECEIVED  
15 SEP 16 PM 4:19  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GROVE COAST, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 SEP 16 AM 8:11  
OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 17 2015  
J SHIVERS

L H 15 000 223277 3]

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GROVE COAST, 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:

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. at ( 954 ) 781-1134  
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

[ H 15000223277 3 ]

L H 15000223277 3  
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 L15000062398

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

L H 15000243471-2

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME A FALS		<input 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
			<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

[ H 15000223277 3 ]

LA 15000223277 37

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

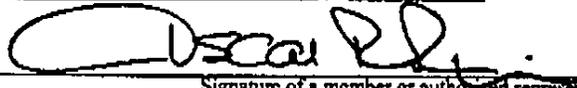
Multiple horizontal lines for amending information.

15 SEP 16 AM 8:11  
DEPARTMENT OF STATE  
RECORDS SECTION

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 signee

LA 15000223277 37