115000211132

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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ECRETARY OF STATE

FEB 1 1 2016

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COVER LETTER

TO:	Registration Sect Division of Corpo	tion orations		
CV TO	4114 THE G			
SUBJE	CT:	Name of Limit	ed Liability Company	
The and	locad Articles of A	mendment and fee(s) are subn	nisted for filing	
			_	
Piease r	eturn all correspon	dence concerning this matter to	o the following:	
		JOHN C GOEDE, ESQ.		
			Name of Person	
		JOHN C. GOEDE, P.A.		
		 	Firm/Company	
		8950 FONTANA DEL SOI	L WAY STE 100	
			Address	
		NAPLES, FL 34109		
			City/State and Zip Code	
		JGOEDE@GADCLAW.CO		
		·	o be used for future annual report notific	ation)
For furt	her information co	ncerning this matter, please ca	11:	
JOHN C GOEDE, ESW.			239 331-5100	
	Name of	Person	at ()	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 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

4114 THE GROVE	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on DECEMBER 21, 2015 and assigned
Florida document number L15000211132	·
This amendment is submitted to amend the followin	g:
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 "L.C." or the abbreviation "L.C."
Enter new principal offices address, if applicable	•
(Principal office address MUST BE A STREET A	DDRESS)
Patau and a different days of a disable.	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	0
<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ne
	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Regis	•

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. Orif 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

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>	Address	Type of Action
MGR	DAVID SHWEKY	11-29 CLINTON AVE	
		BROOKLYN, NY 11205	■ Remove
			☐ Change
MGR	NATHAN MATUT	1392 OCEAN PARKWAY	■ Add
		BROOKLYN, NY 11230	Remove
			☐ Change
	·		Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove CORE TARY OF STAIL SSEE FOR BREMOVE Remove
			Change

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ective date, if other than the	date of filing:	RUARY 4, 2016		_(optional)	
effective date is listed, the date mus e: If the date inserted in this blo	ock does not meet the	applicable statuto	ing or more than 90 d ry filing requireme	ays after filing.) Pur ents, this date will	suant to 605.02 not be listed
ument's effective date on the De	partment of State's re	cords.			
record specifies a delayed	effective date. b	ut not an effe	ctive time, at 1	2:01 a.m. on t	he earlier
he 90th day after the reco	ord is filed.				
FEBRUARY 4	2016			_	
ed	,			2016	
	Tal	Der			}
	Signature of a member of				

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Filing Fee: \$25.00