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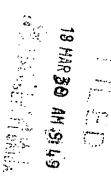
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COVER LETTER

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SUBJECT:	Lointer Gro	ve LLC	·			
object.		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Alfredo D Xiques				
			Name of Person			
		Garcia & Xiques PA				
		·	Firm/Company			
		2950 SW 27 Avenue, Suite	: 100			
			Address			
		Miami, Florida 33133				
			City/State and Zip Code	······································		
		axiques@rptgfla.com				
			to be used for future annual report notif	ication)		
or further in	nformation co	oncerning this matter, please ca	all:			
Alfredo Xiq	ues		305 358-4800 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
≒ \$2 5.00 F	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

(Name of the Limited Liability Co	mpany as it now appears on our records.) iled Lisbility Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L16000201053	pany were filed on 11/20/2016	and assign	ned .
This amendment is submitted to amend the following:	·· · · .	· , ,	. :
A. If amending name, enter the new name of the limited	liability company here:		
Weston Grove LLC			
The new name must be distinguishable and contain the words "Limited I	isbility Company," the designation "LLC" or the	bbreviation "L.L.C	3.7
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	,	- 7
		·	
		<i>₹</i> 2 2 2	
Enter new mailing address, if applicable:		**	
(Mailing address MAY BE A POST OFFICE BOX)		25	- TE' 4
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B. If amending the registered agent and/or registere	d office address on dry vesselle contain		77
registered agent and/or the new registered office address		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Her new
		6.4	
Name of New Registered Agent:		······································	
New Registered Office Address:		·	
	Enter Florida street address	r to r	
	, Florida		
	City	Zip Code	· · · ·

New Registered Agent's Signature, if changing Registered Agent:

Lointer Grove LLC

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

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 Title **Address** Type of Action <u>Name</u> □ Add ☐ Remove ___ Change bbA 🖸 □ Remove :::: ☐ Change □ Add Remove _a: □ Change ŵ □:Remove ☐ Change □ Remove ☐ Change ☐ Remove

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet th ocument's effective date on the Department of State's	applicable :	e of filing or materials	re than 90 days	optional) safter filing.) Pursi s, this date will n	nant to 605.0% ot be listed
record specifies a delayed effective date, The 90th day after the record is filed.	out not an	effective t	me, at 12:	01 a.m. on th	ne earlier
ated March 27	·				
Signature of a member		HA			
Signature of a member	or suctionized	representative	B SPELLIDEL		

Page 3 of 3

Filing Fee: \$25.00