





02/04/19--01009 -019 **25.00



COVER LETTER

	istration Se ision of Cor		:	
SUBJECT:	Jeta Grove	Partners, LLC		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Patrick Tylander		
			Name of Person	
		Jeta Grove Partners, LLC		
	Firm/Company 4495 Military Trail, Suite 207			
		Jupiter, FL 33458	Address	
		ptylander@ Slatestone	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	leation)
For further in	nformation c	oncerning this matter, please ca	all:	
Patrick Tyla			561 244-2504 at () Daytime	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 H	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:

TO:

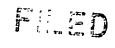
Registration Section

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



2019 FEB -4 PM 2: 29

(Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company) Jeta Grove Partners, LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{01/12/2017}{}$ ___ and assigned Florida document number [L17000010418 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SlateStone Group, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 4495 Military Trail, Suite 207 Enter new principal offices address, if applicable: Jupiter, FL 33458 (Principal office address MUST BE A STREET ADDRESS) 4495 Military Trail, Suite 207 Enter new mailing address, if applicable: Jupiter, FL 33458 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

4495 Military Trail, Suite 207

City

Jupiter

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_____, Florida 33458 Zip Code 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 Costigan	8 Atherton Cir. Lynnfield, MA 01940	
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		<u>.</u>	
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an efi iote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00