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## **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT		Grove, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	ndence concerning this matter	to the following:	
		Thomas J. Rocco		
			Name of Person	
		Equity, LLC		
			Firm/Company	
		4653 Trueman Boulevard,	Suite 100	
			Address	
		Hilliard, Ohio 43026		
			City/State and Zip Code	
		trocco@equity.net	- 1 12	
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please co	all:	
Tom Rocc	o		614 802-2900	
	Name of	'Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EP Coconut Grove, 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 25, 2017 and assigned Florida document number \_\_L17000091482 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EP Coconut Point, LLC 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

## 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

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 = M $AMBR = A$	lanager uthorized Member		
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ne record specifies a delayed effective date, t The 90th day after the record is filed.	ut not an effective	time, at 12:01 a	a.m. on the earlier o
Dated June 14			
Daice	·		
	or authorized representation		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00