

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700304773127

10/23/17--01020--010 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
	h Grove A	nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for tiling.		
Please return all correspon	dence concerning this matter	r to the following:		
	<u>Lian</u> C	Ite iza		
		Name of Person		i
		Firm/Company		
	21605 5	ow 152 AVE		
		Address		
	Miami F	E 33170		
	lian_c	City/State and Zip Code TEIZA QUANOW (to be used for future annual report notificat	COM	
For further information con	neerning this matter, please o		.;	::
Maile A Name of	Person	at (305) 297 - Area Code Daytime Te	8770	
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)	ı

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

Parh Gr	ove Acres				
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) (ompany)			
The Articles of Organization for this Limited Florida document number <u>£17600</u> 12	Liability Company were fil	ed on <u>(XO 23 </u>	17	_ and ass	signed
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability con	npany he <u>re</u> :			
The new name must be distinguishable and contain the					
The new name must be distinguishable and contain the	words "Limited Liability Comp.	any," the designation "LLC" or	r the abbre	viation "L	L C."
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
Enter new maning address, it applicable: (Mailing address MAY <u>BE A POST OF</u> FICI			:	۲,	-
(mutang address MAY BEAT OST OFFICE				<u></u>	*.
	==				
B. If amending the registered agent and		dress on our records, g	enter the	<>> e∙nam <u>e</u>	of the new
registered agent and/or the new registered of	office address here:		•	>	4 + 1
	10		•		•
Name of New Registered Agent:	NA		,-		
New Registered Office Address:					
		Enter Florida street address			
		, Flori	da		
	City			Zip Code	1

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Maile Aguila	21605 SW152 AVE	X Add
		Miami, FL 33170	Remove
			Change
			□ Remove
			□ ∧dd
			□ Remove
			Change
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ective date, if other than the date of filing: (option	nal)	٠,

Page 3 of 3

Filing Fee: \$25.00