117000189289

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

TO:	Registration Se Division of Cor			
SUBJI		EAL ESTATE, LLC		
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase	return all correspo	indence concerning this matter	to the following:	
		ELENICE NORONHA		
			Name of Person	
		ATILE REAL ESTATE, L	LC	
			Firm/Company	
		12301 GLENFIELD AV	E	
			Address	
		TAMPA, FL, 33626		
			City/State and Zip Code	
		elenicenoronha l @gmail	.com to be used for future annual report notifi	ection)
For fu	rther information c	oncerning this matter, please ca	•	-
	ELEN	IICE NORONHA	630 729-4282	
	Name o	(Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$ 2	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

ATILE REAL ESTATE, LLC		
(Name of the Limited Liability (A Florida Li	ompany as it now appears on our records.) mited Lubility Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on SEPTEMBER 06, 2017	and assigned
florida document number L17000189289		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
GROVE HOMES LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Catanana adalah GCasa addasa Gasalian Ja		
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>zz)</u>	
	.	~1 _
inter new mailing address, if applicable:	<u> </u>	17
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	R 8
Transing Committee De Nils De	Ś	~ C
	<u></u>	
. If amending the registered agent and/or register	ad office address on our records outsit	
egistered agent and/or the new registered office addres	s here:	SP (
		64
SV 5 14	>	w
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ELENICE SILVA NORONHA	12301 GLENFIELD AVE	
		TAMPA, FL, 33626	■ Remove
			☐ Change
AMBR	ELENICE NORONHA	12301 GLENFIELD AVE	
		TAMPA, FL, 33626	☐ Remove
			☐ Change
AMBR	ATILA R NORONHA	12301 GLENFIELD AVE	D Add
		TAMPA. FL. 33626	■ Remove
			☐ Change
AMBR	ATILA NORONHA	12301 GLENFIELD AVE	
		TAMPA, FL., 33626	Remove
			PR Remove
			☐ Change
			□ Remove
			☐ Change

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sales data if ather than the data of filling	
ctive date, if other than the date of filing:	(optional)* iling or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statut	
ument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
DECEMBER, 20th 2017	
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<i>In.</i> /)	Marille.
(-Iau / /	VPWW.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00