



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2019

MICHAEL PAIM
5379 LYONS RD #189
COCONUT CREEK, FL 33073

SUBJECT: TROVI GROUP LLC
Ref. Number: L18000174633

We have received your document for TROVI GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 919A00014587

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 JUL 31 PM 2:45

Trove Group 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 7/19/18 and assigned
Florida document number L18000174633

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

5379 Lyons Rd #189

(Principal office address MUST BE A STREET ADDRESS)

Coconut Creek, FL, 33073

Enter new mailing address, if applicable:

5379 Lyons Rd #189

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Creek, FL 33073

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:

Michael Palm

New Registered Office Address:

5379 Lyons Rd #189

Enter Florida street address

Coconut Creek

Florida 33073

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.

Michael A Palm

(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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------------|--|--|
| AMBR | NORTHWEST REGISTERED AGENT LLC. | | <input type="checkbox"/> Add |
| | | 7901 4TH ST N STE 300 ST PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Michael Palm | 5379 Lyons Rd #189 Coconut Creek, FL 33073 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alberto Palm | 5379 Lyons Rd #189 Coconut Creek, FL 33073 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

(b) The 90th day after the record is filed.

Michael A. Pair
Signature of a member or authorized representative of a member

Typed or printed name of signee