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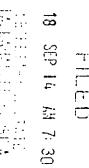
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

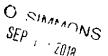
Office Use Only



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COVER LETTER

	istration Section of Corp			
SUBJECT:		Grove, LLC		
SUBJECT		Name of Limi	ited Liability Company	
		mendment and fee(s) are sub-		
rease return	un correspon	Anthony J. Gargano, Esq.	to the following,	
			Name of Person	
		Anthony J. Gargano, P.A.		
			Firm/Company	
		2240 West First St., Suite I	105	
			Address	
		Fort Myers, FL 33901		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		tgargano@garganolaw.com		
		E-mail address: (t	o be used for future annual report n	otification)
For further in	nformation con	ncerning this matter, please ca	dl:	
Judy Perry			239 337-2280	
	Name of I	Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

North Joshua 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 7/26/2018 and assigned Florida document number L18000179788 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 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 _, Florida _ City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Edward Leotti	1705 Colonial Blvd.	
		Fort Myers, F1, 33907	Add
			Remove
			Change
		·	Remove
			.' □ Change
			Add S
			P.Remove
			□ Change
			30 Add
			Remove
		·	Change
		*****	Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

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i an ef Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	Quento De la
Dated	Signature of a member/or authorized representative of a member