L19000126082

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ALLEE ELECTROPOEDER

COVER LETTER

	tration Section ion of Corporations	
SUBJECT:	Grover Capital Investments	
SUBJECT:	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	Il correspondence concerning this matter to the following:	
	Jose Coll	
	Name of Person Grover Capital Investments	
	Firm/Company 282 Grover Street	
	Address Revere Massachusetts 02151	
	City/State and Zip Code Grovercapital@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further in	ormation concerning this matter, please call:	
	Name of Person at (
Linelaced is a		
	heck for the following amount:	
□ \$25.00 Fi	ng Fee Solution Status Status Solution Status	

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

Grover Capital Investments LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on or hability Company)	ır records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000126082</u>	were filed on 05-09-2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "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:		SST CO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my d	uties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amedding 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>	Address	Type of Action
	JULIAN RESTREPO	4 1st Street, Salem MA 01970	
AMBR			
			□ Remove
			Change
			Remove
			Change
			JULI 28
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			Change

	
	56.00
	
	2. 2.
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fite: If the date inserted in this block does not meet the applicable statuteument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
ed	
Signature of a member or authorized repre	esentative of a member

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Filing Fee: \$25.00