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COVER LETTER

| TO: Registration S Division of Co | | , | |
|-----------------------------------|--|---|---|
| Grover C | apital Holdings | | A |
| SUBJECT: | Name of Lin | nited Liability Company | ···· |
| | Amendment and fee(s) are sub ondence concerning this matter | <u>-</u> | |
| | Jose Coll | | |
| | Grover Capital Holdings | Name of Person | |
| | 282 Grover Street | Firm/Company | |
| | Revere Massachusetts 02 | Address 151 | |
| | Grovercapital@gmail.com | City/State and Zip Code | |
| For further information | E-mail address: (concerning this matter, please c | to be used for future annual report notif | fication) |
| Jose Coll | concerning this matter, prease e | 617 378-8180 | |
| Name o | of Person | | Telephone Number |
| Enclosed is a check for t | he 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) |

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 Holdings 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 ____06-28-2019 and assigned 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 "LLC." 282 Grover Street Enter new principal offices address, if applicable: Revere, MA 02151 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 t 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.

City

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
| AMBR | JOSE COLL | 282 Grover Street Revere, MA 02151 | ■ ∧dd |
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| (If an el | tive date, if other than the date of filing: |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | August 8 2019 |
| | Signature of a member or authorized representative of a member |
| | Jose Coll |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00