

L20000058716

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARK GROVE 16D, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

OCT 05 2021

A. LUNT

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CALL 800 432 3622

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARK GROVE 16D, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cayla Ross

Name of Person

Weiss, Serota, Helfman, Cole & Bierman, P.L.

Firm/Company

2525 Ponce de Leon Boulevard, Suite 700

Address

Coral Gables, Florida 33134

City/State and Zip Code

cross@wsb-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Burstyn

917

810-8450

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK GROVE 16D, 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 02/21/2020 (eff. 02/24/2020) and assigned
Florida document number L20000038716

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:

4300 SW 74TH AVENUE

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FLORIDA 33135

Enter new mailing address, if applicable:

4300 SW 74TH AVENUE

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FLORIDA 33135

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:

SOCARRAS & ASSOCIATES, LLC

New Registered Office Address:

9769 SOUTH DIXIE HIGHWAY, SUITE 101

Enter Florida street address

MIAMI

Florida 33156

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.

S. Carlos Socarras
Socarras & Associates LLC
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	JESSE DEAN-KLUGER, P.A.	1550 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		#201	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33132	<input type="checkbox"/> Change
MGR	BERNARDO DIAS	4300 SW 74TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/13, 2021

Signature of a member or authorized representative of a member

Bernardo C. Dias
Typed or printed name of signee