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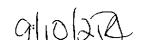
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## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations		
GROCC	N DEVELOPMENT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The analogad Artista.	of Amandmont and Park Comment	anche of the Cities	
Please return all corre	spondence concerning this matter	to the following:	
	BERT C. SIMON, ESQ.		
		Name of Person	
	GARTNER, BROCK AN	D SIMON, LLP	
		PELOPMENT, LLC  Name of Limited Liability Company  andment and fee(s) are submitted for filing, the concerning this matter to the following:  BERT C. SEMON, ESQ.  Name of Person  JARTNER, BROCK AND SIMON, LLP  Limit Company  300 RIVERPLACE BLVD., SUITE 525  Address  ACKSONVILLE, FLORIDA 32207  City/Natae and Zip Code  L-mail address: to be used for future annual report notification)  ruing this matter, please call:  300 at (a)  Area Code  Daytine Telephone Number  Jowing amount:  S30,00 Filing Fee & S55,00 Filing Fee & Certificat of Status & Certificat Copy Caddinonal copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
	1300 RIVERPLACE BLV	PELOPMENT, LLC  Name of Limited Liability Company  endment and fee(s) are submitted for filing, nee concerning this matter to the following:  BERT C. SIMON, ESQ.  Name of Person  GARTNER, BROCK AND SIMON, LLP  LimeCompany  L300 RIVERPLACE BLVD., SUITE 525  Address  JACKSONVILLE, FLORIDA 32207  CityState and Zip Code  Lonall address: to be used for future annual rejoin notification)  rining this matter, please call:  304  309-0870 ENT, 3016  Jaytime Telephone Number  Blowing amount:  S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee	
		Address	<del></del> .
	JACKSONVILLE, FLOR	IDA 32207	
		City/State and Zip Code	<del></del>
	lamail address :	to be need for functional court of	artif and an
For further informatio	n concerning this matter, please c		ouncation
MARSHA ISHAM		904 399-0870	EXT. 3016
Nam	e of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Add Registration			ection
Division of	Corporations		
P.O. Box 6			
Tallahassec	L r L 52514	2415 N. Monr	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROCON DEVELOPMENT, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our recording Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Com	npany were filed on 6/22/2021	and assigned
Florida document number L21000288384		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:		
(Principal office address MUST BE A STREET ADDRES	5.5)	
		r.a
Enter new mailing address, if applicable:		4
Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
		. 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	100	
New Registered Office Address:		
	Enter Florida street addres	x s
<del></del>		orida
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES E. PITTS, III	1025 Assisi Lane	
		Atlantic Beach, Florida 32233	□Remove
			☐Change
			□Add
			Remove
			Change
			□Remove
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Effective date, if other than the date of filing:  (In an effective 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 695.02. Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, flist date will not be listed document's effective date on the Department of State's records.  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 date of filing that the date of the state					
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