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(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address)
(City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name)
(Document Number)
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Office Use Only

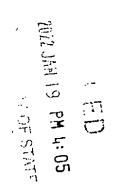
A. RIVERS
JAN 2 7 2022



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COVER LETTER

TO:

Registration Section
Division of Corporations

		LD GROVES LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,		
	HOUSTON, TX, 77064	Address	
	EPU F1224@INCELLE CO	City/State and Zip Code	
	EFILE1234@INCFILE.CO E-mail address: (to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		1 888-46	2-3453 Daytime Telephone Number
Name o	f Person	Area Code C	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &
Mailing Address Registration of Control P.O. Box 632 Tallahassee,	Section Corporations 27	The Centro 2415 N. M	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEERFIELD GROV	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) office Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000490616</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) -	2022 UAI
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	4.000
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	Name	Address	Type of Action
AMBR	Edward Whitner	5216 Indigo Crossing Drive	
		Rockledge, FL 32955	Remove
			Change
			Change
			□Add
			Remove
			Remove
			Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet th	e applicable s	of filing or more atutory filing re	(option than 90 days after quirements, this	filing.) Pursuant to	605.0207 listed as
record specifies a delayed effectiv l is filed.	e date, but not an eff	ective time, a	12:01 a.m. on t	he earlier of: (b)) The 90th day a	ifter the
ated		2				
	Min	hael	Whitn	li		-
	Signature of a member	r or authorized	representative of	и тептоег		
		Michael Whit	ner			