L24000070318

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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2004 COT 11 FO C: 30



COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT		OVE CAPITAL LLC		
SOBJECI	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		PATRICIA VENTO		
			Name of Person	
		PALMGROVE CAPITAL	LLC	
			Firm/Company	
		4904 SW 72 AVE		
			Address	
		MIAMI, FL 33143		
		· · · · · ·	City/State and Zip Code	
		PVENTO@VIRTUSBUILI		
n e .i			to be used for future annual report noti	(ication)
For further	r information c	oncerning this matter, please ca	ш:	
PATRICL	A VENTO		305 661-8688 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
	Tailing Addres		Street Address:	ation
Registration Section Division of Corporations			Registration Se Division of Cor	
	O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALMGROVE CAPITAL LLC		2801 com .
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on da Limited Liability Company)	our records:) CST 11 F.1 0: 30
The Articles of Organization for this Limited Liability Florida document number L24000070318	Company were filed on <u>02/07/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name of the new register</u>
Name of New Registered Agent:	·	
New Registered Office Address:	y-, (%) -1	
	Enter Florida s	
	City	, Florida
	•	•

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>	<u>Name</u>	Address	Type of Action
MGR	BATTERSEA PARTNERS LLC	625 GONDOLIERE AVENUE	□Add
		CORAL GABLES, FL 33143	■Remove
			□Change
MGR	3CE REAL ESTATE LLC	625 GONDOLIERE AVENUE	≣ Add
		CORAL GABLES, FL 33143	□Remove
			□Change
			□Add
		* * · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
		-	□Change
			DAdd
			Remove
			□ Change

Effective date, if other than the date of filing: [Optional] If 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 the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be document's effective date on the Department of State's records. The record specifies a delayed effective date, but first an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed. Dated OCTOBER 8	_
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Dated OCTOBER 8 /1/2004	iter the
Signature of a member or authorized representative of a member	
CARLOS TOSCA	

Filing Fee: \$25.00