

To:

Page: 1 of 4

2024-08-31 03:27:28 UTC-14

18506176333

From: ZenBusiness User

L24000338012

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000294386 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000294386 3))



H240002943863ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

2024 AUG 30 AM 9:47

RECEIVED

DELIVERED
2024 AUG 30 AM 9:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2024 AUG 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GROVE MKT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

H24000294386 3

To:

Page: 2 of 4

2024-08-31 03:27:28 UTC+14
ARTICLES OF AMENDMENT

18506176333

From: ZenBusiness User

TO
ARTICLES OF ORGANIZATION
OF

H24000294386 3

Grove Mkt 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 07/31/2024 and assigned
Florida document number L24000338012.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Grove Pantry LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED
2024 AUG 30 AM 11:55
STATE OF FLORIDA
TALLAHASSEE, FL

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:

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 Changing Registered Agent, Signature of New Registered Agent

H24000294386 3

To:

In 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 AUG 30 AM 11:55
CLERK OF STATE
TALLAHASSEE, FL

To:

Page 4 of 4

2024-08-31 03:27:28 UTC-14

18506176383

From: ZenBusiness User
H24000294386 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business Purpose : Grove Pantry LLC serves the residential, commercial, and hospitality sectors with healthy vending options and eco-friendly essentials. Our mission is to transform urban living by maximizing accessibility, nourishment, and sustainability for all.

FILED
2024 AUG 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL

E. 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 30th, 2024

/s/ Ellyson Beyer

Signature of a member or authorized representative of a member

Ellyson Beyer

Typed or printed name of signee

H24000294386 3

Filing Fee: \$25.00