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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co					
GRK GrossUBJECT:	ve LLC				
SOBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	EFTHYMIOS PALIOUR	AS			
		Name of Person			
	GRK Grove LLC				
		Firm/Company			
	220 Miracle Mile , Suite 2	200			
	•••	Address	<u> </u>	v 2	
	Coral Gables FL 33134			124 NC ECRE	100
	jeanpaulw@sphospitalitygi	City/State and Zip Code roup.com		2024 NOV 26 PM 3: 48 SECRETARY OF STAT TALLAHASSEE, FL	
	E-mail address:	to be used for future annual report notific	ation)	PH SSS	1
For further information of	concerning this matter, please c	all:		H S S	è
Jean Paul Waserman		305 915-1191 at ()		TATE	
Name o	of Person		Felephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Mailing Address Registration		Street Address: Registration Secti	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

GRK GROVE LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L24000354417		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		024 SEQ
		A 3 5 1
		AF 26
Enter new mailing address, if applicable:		50 P
(Mailing address MAY BE A POST OFFICE BOX)	 -	THE ST
		TA E
		, M
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the i	name of the new registered
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

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>	Type of Action
MGR	T&T HOSPITALITY COCONUT CREEK, LLC	17975 COLLINS AVE. SUNNY ISLES, FL 33160	□ Add
			BRemove
MGR (T&T HOSPITALITY COCONUT GROVE, LLC	2140 Dupont Highway, Camden Wyoming Delaware 19934	□Change = Add
		Outricon Wyoming Boldware 19994	□Remove □RE CREEN NO.
			W 26 PM 3: 48
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(If an cf Note:	tive date, if other than the date of filing:	.0207 (3 ed as th)(b) e
f the recorecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after iled.	r the	
Dated	11/19/2024		
	- 7/// X		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00