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Office Use Only

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

EQUITY GROVE HOLDINGS LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEREMY STENNETT

Name of Person

WASEMESTENNETT Business Advisors

Firm/Company	SET 2024
48 WALL STREET, 11FL.	ALL DEC
Address	AHR 30
NEW YORK NY 10005	PH PH
City/State and Zip Code	
dmin@wasemestennett.com	CHILL FOR
E-mail address: (to be used for future annual report notificat	lion)

For further information concerning this matter, please call:

 JEREMY STENNETT
 646
 859-3914

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: 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

#### EQUITY GROVE HOLDINGS LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>November 25, 2024</u> and assigned Florida document number <u>L24000492699</u>

This amendment is submitted to amend the following:

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

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 <u>BOX)</u>

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered <u>office address here</u>:

Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street add	
	, I	Florida 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
--------	------------	--------

Title	Name	Address	Type of Action
AMBR	WALTER HANIE	7901 4TH ST N STE 300	🗆 Add
		ST PETERSBURGH, FL 33702	Remove
			□Change
AMBR	LYNWOOD HANIE	7901 4TH N STE 300	🗆 Add
		ST PETERSBURGH, FL 33702	Remove
			□Change
		<u></u>	🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Tective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ote: If the date inserted in this block does not meet the applicable statutory filing requirements scument'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	DECEMBER 30	2024
	(	1 som fit #
		Signature of a member or authorized representative of a member
	JEREMY STENN	
		Typed or printed name of signee