(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	· · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200386640722

A. RAMSEY APR 2 9 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

WALK IN ENTITY NAME_ AWH Grove Condo Unit III Owner, LLC					
DOCUMENT NUMI	BER				
	PLEASE F	THE ATTACHED AND RETURN			
XXXX	Plaix Copy Certified Copy				
·	Certificate of St	talas			
	PLEASE OBTAIN	THE FOLLOWING FOR THE ABOVE ENTITY			
	, , , ,	f Arts & Amendments			
	Certified Copy of Certificate of St	f Arts & Amendments Complete File (Inclading Annual Reports)			
	•	iatas Reflecting;			
	APOSTILL	'E' NOTARIAL CERTIFICATION			
COUNTRY OF DESTI	NATION				
NUMBER OF CERTIF	FICATES REQUESTED_				
TOTAL OWED \$	55	ACCOUNT # 120140000108 (United Corporate Services, Inc. Thank you so much!			

COVER LETTER

TO:	_		Section Corporations			
SUBJ	ECT:	AWH	Grove Condo Unit III			
			Name of Foreig	gn Limited Liah	oility Co	mpany
Dear S	Sir or N	1adam:				
The er	nclosed	applic	ation, certificate and fee(s) are submitted	for filing	g.
Please	return	all cor	respondence concerning th	is matter to the	followin	ng:
Dolore	s Burto	п				
			Name of Person		_	
United	l Corpor	ate Serv	ices, Inc.			
			Firm/Company		_	
100 St	ate Stree	et, Suite	800			
			Address		-	
Albany	y, NY 1	2207				
			City/State and Zip Cod	le	_	
E-m	nail add	Iress: (t	o be used for future annua	l report notifice	_ ition)	
For fu	rther in	ıformat	ion concerning this matter	, please call:		
				at ()	
		Nam	e of Person		& Dayt	ime Telephone Number
		ng Addr			Street A	
	_		Section			ation Section
			Corporations			n of Corporations
	-	Box 63				ntre of Tallahassee
	Talla	hassee	, FL 32314			. Monroe Street, Suite 810 issee, FL 32303
	Encl	sed is	a check for the following	amount:		
□\$25	Filing		□ \$30 Filing Fee &	■ \$55 Filing	Fee &	☐ \$60 Filing Fee,
·			Certificate of Status	Certified (Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of	f the Florida Department of	ာ တ
State: AWH Grove Condo Unit III Owner, LLC		3
Enter new principal office 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)		
2. The Florida document number of this limited liability company is:	M22000005444	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: April 8, 2022		
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: Grove Condo Unit III	II Owner, LLC	
(must contain "Limited	Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of copy of the written consent of the managers or managing members around contain "Limited Liability Company," "L.L.C." or "LLC.")	of transacting business in Florida and attach and adopting the alternate name. The alternate name.	a ime
6. If amending the registered agent and/or registered officer address or registered agent and/or the new registered office address here:	on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Address	
City	y Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act the provisions of all statutes relative to the proper and complete perf and accept the obligations of my position as registered agent as prov document is being filed to merely reflect a change in the registered o liability company has been notified in writing of this change.	t in this capacity. I further agree to comply formance of my duties, and I am familiar wi vided for in Chapter 605, F.S. Or, if this	th

	Name	<u>Address</u>	Type of Action
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aforementioned ame	cate, if required: no more than 90 endment(s), duly authenticated but he law of which this entity is organications.	y the official having custody of records in th	□Remo
	/s/ Chad Cooley	the authorized representative	

Filing Fee: \$25.00

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AWH GROVE CONDO UNIT

III OWNER, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "GROVE CONDO UNIT III OWNER, LLC", ON THE TWENTY-SEVENTH

DAY OF APRIL, A.D. 2022, AT 12:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROVE CONDO UNIT III OWNER, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROVE CONDO UNIT III OWNER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2022.



Authentication: 203294488

Date: 04-28-22