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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	GROVEN BER: 0002479178	OR HOUSE 8 320	307 CORP.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Michael Ortiz E	sq	
	Michael Ortiz F	Name of Contact Person	1
	1430 S. Dixie H	Firm/ Company	
	Coral Gables, I	Address	
		City/ State and Zip Code	B
law	ortiz@aol.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Michael Orl	tiz Esq	_{at (} 305	,6655270
Name o	Name of Contact Person Area Code & Daytime Telephone Nur		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

2013 MAY 15 PM 4: 25

GROVENOR HOUSE 807 CORP

(Name of Corporation as currentl	<u>ly filed with the Florida D</u>	ept. of State)	SFOR WILLIAM	กลิเอ
			SECTIONARY OF ST TALLAHASSEE, FL	,01112
	r of Corporation (if known)		1 <u>0,</u>	
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this <i>Florida I</i>	Profit Corporation s	adopts the following amendn	nent(s)
A. If amending name, enter the new name of the	e corporation:			
			The ne	
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A			
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			
D. If amending the registered agent and/or registerew registered agent and/or the new register		orida, enter the na	me of the	
Name of New Registered Agent			_	
	(Florida street addres	s)	_	
New Registered Office Address:		, Florida	1	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Is the hereby accept the appointment as registered agen		accept the obligatio	ns of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Michael Ortiz	1430 S Dixie Hwy
Add			Suite 321,
X Remove			Coral Gables, FL 33146
2) Change	S	Lissette Ortiz	1430 S Dixie Hwy
Add		-	Suite 321
X Remove			Coral Gables, FL 33146
3) Change	Р	H. Fernando Espinosa C	1430 S Dixie Hwy
X Add			Suite 321
Remove			Coral Gables, FL 33146
4) Change	S	Claudia de Lourdes Herrera E	1430 S Dixie Hwy
X			Suite 321
Remove			Coral Gables, FL 33146
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
J/A	
:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of t
(if not applicable, indicate N/A)	
····	
10 No.	

The date of each amendment(s) adoption: 05/14/2013
Effective date if applicable: OS [14 2013
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 05 14 2013
Signature
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael Oths
(Typed or printed name of person signing)
- Juan lastol
(Title of person signing)