## P20000 34341

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AUG - 8 2020

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Last Grove, Inc. DOCUMENT NUMBER: PA0000034347 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: USa Jacobs

Name of Contact Person Firm/ Company 1603 € 1344 St Austin TX 78702

City/ State and Zip Code lisajaus de grail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

of

Last Grove, In	,c.		1
(Name)	of Corporation as currentl	y filed with the Florida	Dept. of State)
Pá0000034347	•		
100000	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporati	on adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, "Inc," or " $Co$ ". A	company," or "incorpord   professional corporati	sted" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent at new registered agent and/or the new			e name of the
Name of New Registered Agent	Nick Armstron	<b>G</b>	
	Nick Armstron 1054 Lotus Com (Florida str	eet address)	anunte Springs
New Registered Office Address:	·		. Florida <u>32714</u> (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar v	with and accept the oblig	
	Via TH	egistered Agent, if chang	
	Signature of New R	egistered Agent, if chang	ting

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>_P</u>	Luis Rabava	10975 SW 43rd Terrace
Add			Mirani FL 33/65
Remove  2) Change Add	<u>P</u> _	Nick Armstring	1054 Lotys Core Ct #633 Altamonte Springs, FL 329
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
f an amandment provides for an eych	ange, reclassification, or cancellation of issued s	charoc
provisions for implementing the ame	ndment if not contained in the amendment itself	<u>.</u>
(if not applicable, indicate N/A)		

The date of each amendment(s) ad	option:	if other than t
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 6	17/20 Nrs # 10	
Signature	11 mm	
(By a die	ector, president or other officer - if directors or officers he	ive not been
	by an incorporator - if in the hands of a receiver, trustee,	or other court
appointo	d fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	