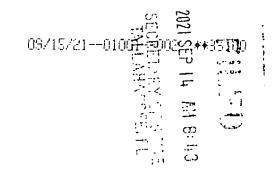


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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(850) 524-5437 (850) 524-6243 Please use funds from ACCT. # _ ___ FOR: ____ P210000 77691 THE GROVE ESTATE PARTNERS CORP Corporation Name & Document Number, (if known): Document # (Business Name) ___ Pick up time____ __ Walk in Will wait ___ Mail out ___ Photocopy Certified Copy of ARTICLES OF ORGANIZATION __ Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director __Not for Profit Change of Registered Agent __ Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report Limited Partnership ___ Reinstatement Fictitious Name

FLORIDA CAPITAL COURIER SERVICES. INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

____ APOSTIL ()____ Other

EXAMINER'S INITIALS:_____

Country

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLÁRE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Please use funds from ACCT. # FOR:				
THE GROVE ESTATE PARTNERS CORP Corporation Name & Document Number, (if known):				
(Business Name)	Document #			
Walk in	Pick up time			
Mail out	Will wait			
Photocopy				
Certified Copy of ARTICLES OF ORGAN	IZATION			
Certificate of Status				
NEW FILINGS	<u>AMMENDMENTS</u>			
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion			
OTHER FILINGS	REGISTERATION/QUALIFICATIONS			
Annual Report	Foreign filingLimited Partnership			
Fictitious Name	Reinstatement			
APOSTIL () Other Country				

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE GROVE EST	ATES PARTNERS CORP		
DOCUMENT NUMBER: P21000077691				
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	Andrea Genden			
		Name of Contact Person	.	
	The Elias Law Firm, PLLC.			
		Firm/ Company		
	15500 New Barn Road STE 1	04		
		Address		
	Miami Lakes, Florida 33014			
		City/ State and Zip Code	<u>-</u>	
	lourodan@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
The Control of the control				
For further information	on concerning this matter, pleas	e call:		
Andrea Genden		at (<u>305</u>	403-0052	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

THE GROVE ESTATES PARTNERS CORP.

Olympia Committee and Committe	and Elid old all Plants David Const
P21000077691	ently filed with the Florida Dept. of State)
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	Ē
	The
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	202 Se
(Principal office address MUST BE A STREET ADDRESS)	NO STE
	7)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	·
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>'ess:</u>
Name of New Registered Agent	
(Floride	ı street addressi
New Registered Office Address:	. Florida
New Registered Viffice Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
	Description of the second
Signature of Nev	w Registered Agent, if changing

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, 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.

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	P	Lizbeth Schonfeld	c/o 11767 South Dixie Hwy
Add X Remove			Pinecrest, Florida 33156
2) Change	P	Ronaldo Rodan	c/o 11767 South Dixie Hwy
Add		-	Pinecrest, Florida 33156
X Remove		_	
Add			
Remove			<u> </u>
4) Change			- 5
Add			
Remove			.
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			—
			—
		~	
	— 前 员	2021	
	ALL ALL	SE	- 220 -
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	### ### 	Ξ.	
	10 TO		
	: T	<u>~</u>	1,50
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	in in	- 8: I:3	
(if not applicable, indicate N/A)	រាប់	ယ	

The date of each amendment(s)	adoption:	_, if other than the
date this document was signed. Se Effective date if applicable:	ptember 10, 2021	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	ZOZI SEP II. SECRETARA
by	(voting group)	SE SE
	(voting group)	
91	10/2021	?
Dated	To face the second seco	MH 8: 43
Signature		
(By a selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	īn ω
	Luis Rodan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	