L09000068564

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000080428 3)))

H10000080428ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
10 APR -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

RECEIVED
10 APR -9 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**TROPICAL BLOOM, LLC**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $30.00 |

Electronic Filing Menu Corporate Filing Menu Help



N. Gallman APR 12 2010

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: TROPICAL BLOOM, LLC
*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:

YANELLE M. BARINAS
*Name of Person*

BARINAS & ASSOCIATES INC
*Firm/Company*

5701 NW 36 ST
*Address*

MIAMI FL 33166
*City, State and Zip Code*

BARINASB@GMAIL.COM
*Email address: (to be used for future annual report notification)*

*For further information concerning this matter, please call:*

YANELLE M. BARINAS at ( 305 ) 871-0889
*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)

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
10 APR -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL BLOOM, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/15/2009 and assigned Florida document number L09000068564.

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 end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.C."

Enter new principal offices address, if applicable:
*(Principal office address MUST BE A STREET ADDRESS)*
440 E 23 ST, APT 1513
HIALEAH, FL 33013

*Enter new mailing address, if applicable:*
*(Mailing address MAY BE A POST OFFICE BOX)*
440 E 23 ST, APT 1513
HIALEAH, FL 33013

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

Name of New Registered Agent: JUAN MANUEL BOTERO HERRERA

New Registered Office Address: 440 E 23 ST, APT 1513
*(Enter Physical Address)*

HIALEAH, Florida 33013
*(City)* *(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered agent's address, I hereby confirm that the limited liability company has been notified in writing of this change.*

X Juan Manuel Botero H.
(If changing Registered Agent, Signature of New Registered Agent)

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**
**MGRM = Managing Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | Juan M. Botero Herrera | CALLE 12 SUR #43A-255 APT 613<br>MEDELLIN, COLOMBIA | ☑ Add<br>☐ Remove |
| MGRM | Silvio Lopez | 9001 SW 77 AVE APT C509<br>MIAMI, FL 33156 | ☐ Add<br>☑ Remove |
| MGRM | Carlota Gutierrez | 9001 SW 77 AVE APT C509<br>MIAMI, FL 33156 | ☐ Add<br>☑ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets if necessary.)*

FILED
10 APR -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 25 2010

Juan Manuel Botero H.

Signature of a member or authorized representative of a member

JUAN MANUEL BOTERO HERRERA

Typed or printed name of signee



**Filing Fee: $25.00**