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(Re	equestor's Name)	
(Ad	ldress)	
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(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:	
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Office Use Only



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2017 JUN 13 PH 3: 42
SECRETARY OF STATE
TALL AHASSEF FLORIDA

J. HARRIS

## **COVER LETTER**

	stration Se- ion of Cor			
	•	ito sales & Rent own LLC		
SUBJECT: _	···-	Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		Diana M Berthiaume		
			Name of Person	
		Tropical Auto Sales & Ren	nt to own LLC	
			Firm/Company	
		7128 E Colonial Drive		
			Address	
		Orlando/Florida 32807		
		Carlos@tropicalautooutlet.c	City/State and Zip Code com	
		E-mail address: (	to be used for future annual report notifi	cation)
For further inf	ormation c	oncerning this matter, please co	all:	
Carlos Leon			407 781-2790	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fil	ing 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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and assigned
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288
lorida 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Orlando Florida 32807	Remove
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			□ Remove
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an effective date: ote: If the date	f other than the s listed, the date mu- inserted in this b tive date on the D	ist be specific an lock does not	nd cannot be prio meet the appli	cable statutory	or more than 90 filing requirem	(optional) days after filing.) hents, this date w	Pursuant to 60 vill not be lis	05.0207 sted as
The 90th da	cifies a delaye y after the rec		•	ot an effecti	ve time, at	12:01 a.m. o	n the ear	lier of
June 3 ated			,	·				
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	M Berthiaume	Signature of a	a manager of auth	norized represent	tative of a memb	er .	SECRE	2017 JU
	M Berthiaume	Signature of a	,	norized represent		er .	SECRETARY	2017 JUN 13
	M Berthiaume	Signature of a	Typed or prin			er	SECRETARY OF STAT	-