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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	TroopEmpire Llc Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
	Antoinido Joseph	
	Name of Person	
	Firm/Company	
	1032 sutor rd	
	Address	
	Tallahassee, FL 32308	
	troopempirellc@gmail.com E-mail address: (to be used for future annual report notification)	
For further information cond	icerning this matter, please call:	
HUTOMI O Name of Pe	Derson JOSEPIA at (305), 975-8019 Area Code Daytime Telephone Number	
Enclosed is a check for the t ☐ \$25.00 Filing Fee	following amount: \$\Bigsigma \text{\$\frac{1}{3}\text{\$\frac{1}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\text{\$\frac{1}{3}\te	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IROCAD EVUPICE	·LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our reco lability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 79715</u> .	were filed on April	11, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		023 HA
(Principal office address MUST BE A STREET ADDRESS)		
		3 PH 2:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	~	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u> o	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	· · · · · · · · · · · · · · · · · · ·
	1	Florida
	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 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 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

Title MGR	<u>Name</u>	Address	Type of Action
Man	Zara Joseph	1721 doca ave	□Add
·	tallahasscc, FL 32308		
]Change
NGB Antoinico Joseph	1721 dora ave	ZAdd	
	tallavassee F232308	□ Remove	
		JAdd	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		[]Change	
		⊟Remove	
			TChange

	ng any other information, enter change(s) here: (Attack additional sheets, if necessary.)
	
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(lf an effectiv <u>Note:</u> If t	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 3, 2023.
	Signature of a member or authorized representative of a member
	Antoinido Joseph Typed or printed name of signee

Filing Fee: \$25.00