

L23000179218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

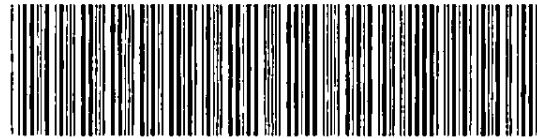
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FILED

2023 MAY -3 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -3 PM 2:39

5/3/23
V.L.W.



2023 MAY -3 PM 2:18

SECRETARY

OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TroopEmpire 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:

Antoinido Joseph

Name of Person

Firm/Company

1032 sutor rd

Address

Tallahassee, FL 32308

City/State and Zip Code

troopempirellc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoinido Joseph at (305) 975-8019
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 Address:

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

Troop Empire LLC

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>	<u>Type of Action</u>
AMBR MGR	Zara Joseph	1721 dora ave	<input type="checkbox"/> Add
		tallahassee, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
NGB	Antoinette Joseph	1721 dora ave	<input checked="" type="checkbox"/> Add
		tallahassee FL 32308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 3, 2023

Signature of a member or authorized representative

Antoinido Joseph

Filing Fee: \$25.00