

**LO2000019898**  
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.**

(((H17000114750 3)))



H170001147503ABC-

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

To:

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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904) 398-3911  
Fax Number : (904) 396-0663

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 26 AM 9:42

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TROPIFLORA, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR 27 2017  
J. HARRIS

RECEIVED  
2017 APR 26 PM 4:51  
TALLAHASSEE, FLORIDA

H17000114750

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TROPICFLORA, L.L.C.

(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 07/29/02 and assigned  
Florida document number L02000019898

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City Florida 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

H17000114750

FILED  
SECRETARY OF STATE  
17 APR 26 AM 9:42  
TALLAHASSEE, FLORIDA

Apr. 26. 2017 4:37PM

No. 0815 P. 3

H17000114750

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>
MGR	Richard K. Pertile	13575 58th Street North #138	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33760	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 APR 26 AM 9:42  
CLERK OF DISTRICT COURT  
HAWAII

H17000114750

No. 0815 .P. 4. . .

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

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 26 AM 9:42

H17000114750