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EXAMINER



800187754478

800187754478 11/16/10--01046--004 **25.00

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Tropio	cal Winns, LLC	·	
SUBJECT:		nited Liability Company		
	of Amendment and fee(s) are so	-		
		Richard Keith Winn		
Tropical Winns, LLC				
Firm/Company				
	2798 Hyde Park Place			
		Address		
		Clearwater, FL 33761		
		City/State and Zip Code		
	E-mail address:	keith@kwstudios.biz (to be used for future annual report notificati	on)	
For further information	concerning this matter, please	call:		
	Keith Winn	at ()	9-8999	
Name	of Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Tropical Winns, LLC		
(Name of th	e Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this L	Limited Liability Company were filed on	01/09/2004	and assigned
Florida document number L04	4000002488		
This amendment is submitted to amen	d the following:		
A. If amending name, enter the new	v name of the limited liability company he	ere:	
The new name must be distinguishable as "L.L.C."	nd end with the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviatio
Enter new principal offices address,	if applicable:		
(Principal office address MUST BE A	A STREET ADDRESS)		7
			*
Enter new mailing address, if applic	able:		V 16
(Mailing address MAY BE A POST (OFFICE BOX)		~ 3
			STATION
B. If amending the registered agreed registered agent and/or the new regi	ent and/or registered office address on stered office address here:	our records, enter t	he name of the nev
Name of New Registered Ag	ent:		
New Registered Office Addr		nter Florida street add	ress
		. Florida	
	City	, FIOTIGA	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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cyndi Winn	2798 Hyde Park Place Clearwater, FL 33761	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amen	ding any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	_
	November 11th	2010	- -
Dated	Q	whi Keit Win	
	Signature o	of a member or authorized representative of a member Richard Keith Winn	
		Typed or printed name of signee	

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Filing Fee: \$25.00