LO4000090995

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(3.		,-,
(Do	ocument Number)	
(3.	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	į
	,	

Office Use Only



700156015717

09/28/09--01021--007 **25.00

2009 SEP 28 PH 12: 5
SECRET JANK OF STATE
TAIL THANSSEE FLORID

T. CLINE

SEP 29 2009

EXAMINER

JOEL M. COMERFORD, P.A.

ATTORNEY AT LAW

350 Camino Gardens Blvd. Suite 303 Boca Raton, Florida 33432

JOEL M. COMERFORD

TELEPHONE (561) 368-0500 FACSIMILE (561) 620-2565 E-MAIL joel@florida-title.net

September 25, 2009

Via U.S. Mail

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

Re: Tropical Group Investments, LLC

Dear Sir or Madam:

Please find enclosed the following, necessary for amending the Articles of Organization of the above-referenced entity:

- 1. Cover Letter
- 2. Articles of Amendment to Articles of Organization
- 3. Attorney check #2708 in the amount of \$25.00 for filing
- 4. Self-addressed, postage-paid envelope (for return on the documents)

Please return the filed documents to my attention.

If you should have any questions please do not hesitate to contact me.

Sincerely

lo¢l M. Comerford

enclosures

cc: Peter J. Danaher, Manager

Marc Boudet, proposed Co-Member-Manager

· Joy Ezzell, proposed Co-Member-Manager

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TROPICAL CAROUP INVESTMENTS, 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:
JOEL M. COMENFOND, ESQ. Name of Person
JOEL M. COMERFOND, P.A. Firm/Company
350 CAMINO GANDENS BLVD., STR. 303
Address BOXA NATON, FL 33 432 City/State and Zip Code MNI SALES @ QoL. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
JOEL CONENFOND at (561) 368-0500 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is en
MAILING ADDRESS: Registration Section Registration Section Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL GROUP INVESTMENTS, LLC (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 <u>DECEMBER 16, 2004</u> and assigned Florida document number <u>L040000 90 995</u> .
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 end with the words "Lim "L.L.C."	ited Liability Company		
Enter new principal offices address, if applicable:	841 S.W.	19 ST. = P	THE STREET
(Principal office address MUST BE A STREET ADDRESS)	BOCA RAT	ON, FL 33486 &	
		MON P	- 100 alva
Enter new mailing address, if applicable:	Qu 1 - 4 \ / 1		L.,
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RA	TON, FC 33486	
			_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter	Florida street address	
		, 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 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 **Title** Name **Address** Type of Action Peters. Danaher MGR MERM MARC BOUDET Remove MGRM JOY EZZELL ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE Y MANAGEMENT: THE LIMITED CLABILITY Company is to be managed by the members who are designated, appointed, or electers to act as the managing members) Dated SEPTEMBER 23 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00