

L090000001513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

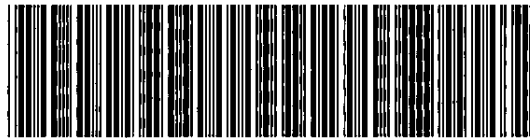
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09 MAY 18 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 19 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Tropic Trucks, 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:

Scott Schwoerer  
Name of Person

Tropic Trucks, LLC  
Firm/Company

3120 Seasons Way Unit #302  
Address

Esteros, FL 33928  
City/State and Zip Code

scottbuystucks@gmail.com  
E-mail address: (to be used for future annual report notification)

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09 MAY 18 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott Schwoerer at ( 239 ) 6033505  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Tropic Trucks, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
09 MAY 18 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/13/09 and assigned  
Florida document number L09000001513.

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

Enter new principal offices address, if applicable: 3120 Seasons Way Unit #302  
(Principal office address MUST BE A STREET ADDRESS) Estero, FL 33928

Enter new mailing address, if applicable: 3120 Seasons Way Unit #302  
(Mailing address MAY BE A POST OFFICE BOX) Estero, FL 33928

**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: Scott Schwoerer

New Registered Office Address: 3120 Seasons Way Unit #302  
*Enter Florida street address*

Estero, Florida 33928  
*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

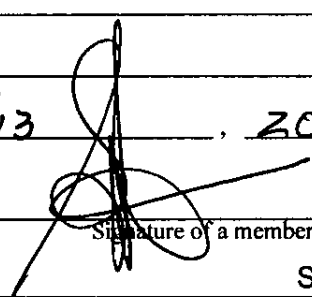
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Randall L. Piering	9640 Home Ln. Estero, FL 33928	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Scott Schwoerer	3120 seasons Way #302 Estero, FL 33928	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

5/13

2009

X 

Signature of a member or authorized representative of a member

Scott Schwoerer

Typed or printed name of signee

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TALLAHASSEE, FLORIDA