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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(D	Requestor's Name)	
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(Document Number)	(B	Business Entity Name)	
	(D	Document Number)	
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NOV -9 2010

EXAMINER

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2010 NOV -8 PM 4: 12
SECRETARY OF STATE
TALLAHASSEES FLORIDA

COVER LETTER

TO: Registration S Division of C			·	
SUBJECT:	Tropic	al Glow, LLC		
		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Virginia Kenyon 107 Pennyroyal Road		
		Tropical Glow LLC		
		Firm/Company		
	3	407 Pennroyal Road		
		Address		
	Po	ort Charlotte, FL 33953		7AE 281
	•	City/State and Zip Code	,	2010 NOV -8 SEORÉTARY ALLAHASSE
	E-mail address: (fo@tropicalglow.com to be used for future annual report notif	ication)	ASS.
For further information	concerning this matter, please c	all:		2.2
V	irginia Kenyon	at (941)	456-1327	PH 4: 11 OF STATE
Name	e of Person		e Telephone Number	Cm No
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	i) Certified	e of Status &
Regi	LING ADDRESS: stration Section	STREET/COUR Registration Section	on	

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 G	low LLC				
(Name of the Limited I	iv as it now appears	on our records.)	P3 .			
(A I	florida Limited L	iability Company)		理8 呈		
The Articles of Organization for this Limited Lia	bility Company	were filed on	1/11/2010	A Service of the serv		
Florida document number L 100000045	502			10-2		
Fiorida document number	, , , , , , , , , , , , , , , , , , , 			SEX CO		
This				-8 PH		
This amendment is submitted to amend the follow	wing;			FILORU STAT		
A. If amending name, enter the new name of	the limited light	ility company horo:		温料 元		
A. If amending name, enter the new name of	me minted nabi	mity company nere;				
	•					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company	," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		3407 Pennyroyal Road				
(Principal office address MUST BE A STREET	ADDRESS)	Port Charlotte, FL 33953				
(17melpar office dualess in OST DE 71 OTREET	TIDDITESSI	T OIT OITAITORO,	12 00000			
		<u></u>				
Enter new mailing address, if applicable:		3407 Pennyroyal Road				
(Mailing address MAY BE A POST OFFICE BOX)		Port Charlotte, FL 33953				
B. If amending the registered agent and/or			r records, <u>enter</u>	the name of the new		
registered agent and/or the new registered offi	<u>ce address here</u>	<u>e</u> :				
Name of Name Desired Assessed	Virginia Ken	von				
Name of New Registered Agent:	Virginia Kenyon					
New Registered Office Address:	New Registered Office Address: 3407 Pennyroyal Road					
New Registered Silver Address.	Enter Florida street address					
	Port Charlotte		, Florida	33953		
		City		Zip Code		
New Desistered Assetts Cionettus (fabruaries De	alakawa di diameter					

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

Page 1 of 2

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> MGR Juanita Maher 1043 Cheshire Street Port Charlotte, FL 33953 ☐ Add Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 2 Dated_ Signature of a member or authorized representative of Virginia Kenyon Typed or printed name of signee

· 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:

Page 2 of 2

Filing Fee: \$25.00