

L10000083662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

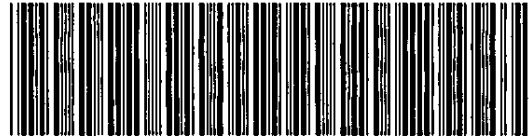
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/07/17--01027--014 **11.25

11/06/17--01023--028 **43.75

FILED
17 DEC -5 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
DEC 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

RIGOBERTO LESTEIRO
1691 NW 23 STREET
MIAMI, FL 33142

SUBJECT: TROPICAL INVESTMENT SERVICE II, LLC
Ref. Number: L10000083662

We have received your document for TROPICAL INVESTMENT SERVICE II, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

The form you submitted is for a CORPROATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00022740

RECEIVED
2017 DEC -5 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tropical Investment Service II 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:

Rigoberto Lesteiro

Name of Person

Tropical Investment Service LLC

Firm/Company

1500 NW 23 Street

Address

Miami, FL 33142

City/State and Zip Code

accountspayables@tropicalpalletsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rigoberto Lesteiro

305 634.0346

at (_____) _____

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**

Tropical Investment Service II 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 08/10/2010 and assigned
Florida document number L0000083662.

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)

1500 NW 23 Street

Miami, FL 33142

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

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 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

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>
CFO	Alena Hernandez	1691 NW 23 Street	☐ Add
		Miami, FL 33142	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

FILED
17 DEC -5 PM 3:58
CLERK OF
TALAHASSEE, FLORIDA

17 DEC -5 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 DEC -5 PM 3:58
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 17th 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee