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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
MANAGER FI ORID

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COVER LETTER

TO: Registration Se Division of Cor		·			
SUBJECT:	TROPITON	NE PAINTING LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		ANA L FERREIRA			
		Name of Person			
	2055 WOOD ST SUITE 114				
		Firm/Company			
	2055 WOOD ST SUITE 114				
		Address			
	S	ARASOTA, FL 34237	•		
		City/State and Zip Code			
	RAMO	SHANA@COMCAST.NE to be used for future annual report n	<u>ET</u>		
			otification)		
For further information co	oncerning this matter, please of	call:			
ANA	L FERREIRA	at (941)	870-3400		
Name of	f Person	Area Code & Daytime Telephone Number			
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Ser Division of Cor Clifton Building 2661 Executive	porations g		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TROPITON (Name of the Limited Liability (A Florida Li	NE PAINTING LLO Company as it now appear mited Liability Company)	s on our records. AH	ARY OF STATE ASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	10/12/2010	and assigned	
Florida document numberL10000106445	<u>.</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter 1	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
				
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** MGR **BIGARNY MENDEZ** 3421 SERENA ST **✓** Remove SARASOTA, FL 34237 MGR MIGUEL RODRIGUEZ 502 N. TUTTLE AVE **✓** Add SARASOTA FL 34237 Remove _ Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member BY BOYO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00