L10000126912

(9.	equestor's Name)	
(Re	equestors (vame)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ





300422263883

01/23/24--01016--014 **43.75





February 8, 2024

PATRICK BERRY 15808 CITRUS GROVE BLVD LOXAHATCHEE, FL 33470

SUBJECT: A-1 TROPIC PAINTING & WATERPROOFING, LLC

Ref. Number: L10000126912

We have received your document for A-1 TROPIC PAINTING & WATERPROOFING, 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):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 224A00002839

MAR 2 9 2024

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	-1 Tropic Paint	ing & Waterproo	fing,LLC.
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter to	o the following:	
	Patrick Berr		
	A-1 Tropic Pa	inting & Waterp	roofing, LLC.
	15808 citru	S Grove Bower	rard
	Loxanatchee	Florida 334	70
	altropic pat	City/State and Zip Code FICK G + 4000 . C be used for future annual report notifi	cotion)
For further information co	neerning this matter, please cal	II:	
Patrick Be	Person	at <u>954</u>) <u>821 -</u> Area Code Daytime	2975 Telephone Number
Enclosed is a check for the	e 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)
Patrick Be Name of	Loxanatchee altropic pat E-mail addless. (to meerning this matter, please can extry Person e following amount: \$\$ \$30.00 Filing Fee &	Florida 334 City/State and Zip Code Frick G 4000 · C be used for future abnual report notifi II: at 454 821 - Area Code Daytime	2975 Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-1 Tropic Painting & Waterproofing, 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 Com	pany were filed on $12/08/5$	RD/D and assigned
Florida document number <u>Ll 0000 [26912</u>	L 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
rs. 92 11 96 P.11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	er the name of the new registered
agent and/or the new registered write address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ens
		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>	Name	<u>Address</u>	Type of Action
V MGR	Michael Berry	15808 citrus arove Blvd Loxanatchee, F1, 33470	X Add
MUR			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Change
	_ _		□Add
			□Remove
			- □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
l'an effe <u>Note:</u> 4	re date, if other than the date of filing: O-10-2024 (optional) etive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
id is inc	
	March 18 2044
	March 18 Catural Surpartition of a member

Filing Fee: \$25.00