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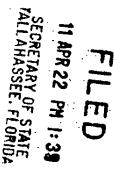
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J. BRYAN

APR 25 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Solution of Co			
SUBJE	ECT:	TROP	ROCK, LLC	
			ted Liability Company	
		f Amendment and fee(s) are sub	-	
1 icasc	return an corresp	ondence concerning this matter	to the following.	
DA			ANIEL A. JACOBSON	
			Name of Person	
		DAN	IEL A. JACOBSON, P.A.	最多に
Firm/Company  901 S FEDERAL HWY, SUITE 201			Firm/Company	ENSSEE.
			rs -	
			Address	
		FORT	LAUDERDALE, FL 33316	Ť.
			City/State and Zip Code	
		E-mail address: (	I@LEXANTTITLE.COM to be used for future annual report notification	n)
For fu	rther information	concerning this matter, please of	eall:	
	DA	N JACOBSON	at \ · /	-3191
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check for	the following amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis	LING ADDRESS: tration Section	STREET/COURIER A	
Division of Cornerations		ion of Cornorations	Division of Corporation	S

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

TROPIROCK, 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 Liab	ility Company were filed on	2/9/2011	and assigned
Florida document numberL110000168			<b>V</b>
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	dress
		, 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 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>	Address	Type of Action
MGRM	PAN PROPERTIES, LLC	500 E. BROWARD BLVD., STE 1620 FORT LAUDERDALE, FL 33394	✓ Add Remove
<u>MGRM</u>	SUNSCAPE GROUP, LLC	500 E. BROWARD BLVD., STE 1620 FORT LAUDERDALE, FL 33394	Add  ✓ Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILE 11 APR 22 PA
	April 19 , 201		# D
	Dan	ef or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00