## 111000068298

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
į.				

Office Use Only

B. KOHR

JUN 1 8 2012

**ÉXAMINER** 



800235675818

06/19/12--01001--009 \*\*25.00

2012 JUN 18 PM 3:59
SEGRETARY OF STATE
JALLAHASSEE FIGURE



COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Tropizal Nor Least Desans, LL Rame 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:
Brim Sylas (20 Tropizullborhanste
Tropizal Northwast, LL Firm/Company
5/4/3-AUE N. Address
ST. Petersburg, FL, 337d
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 727 476 5825  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLE	S OF ORGANIZATION
(Name of the Limited Liabil (A Florid	OF  Northeast Designs, as it now appears on our records.)  a Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on Quve, 6, 701) and assigned
Florida document number L11 D000 6	8298
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zin 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 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	
MER	Brackerd Catton	574/STAK N	Add Remove	
MGR		574 1 25 Avy 3.3701 574 1 25 Avy 7.	Add Remove	
MGEN	Tropical Northest LLL	PCAZZA SCELTES	Add Remove	
		Y Tropical Northeast, Ll ST. Patersburg, FC &	Add/ TRemove	
			Add Remove 	
			Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  TOPIZAL WORLEAST DESIGNS, LLC  TS 100 % OWNED by Trop. Lul				
	Vorth - 1	Jesqus, LCC		
Dated	8th JUNE , 20	017	<del></del>	
Snaw ?	Signature of a member of	rauthorized representative of a member	<u> </u>	
Tropizal Medior printed name of signed 1 1 2 visus Sy la				
Page 2 of 2				