1110000072256

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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A. LUNT

SEP 26 2011

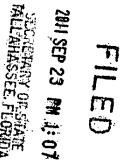
EXAMINER

Office Use Only



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09/23/11--01010--019 **25.00



COVER LETTER

Division of Co.					
SUBJECT: Tro	pical Gul	F Investment	s LLC		
	Amendment and fee(s) are sub	-			
	-	•			
	Debra	Name of Person			
	Tropreal (Sulf Invotments Firm/Company	. (()		
	705 Pono	Lella Road, Un	it G	22	
	N. Fort M	1 yers FL 339 City/State and Zip Code	03	OHI SEP 23 SECRETARE ALLEAHASS	
· .*:	Lally Debra E-mail address: (AOL, Com to be used for future annual report notifica	ition)	Y OF STA	m
For further information of	concerning this matter, please of	eall:			
Debra L Name o	ally of Person	at (<u>239) 246 - 1</u> Area Code & Daytime T	1010 Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &	

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 Gulf	Investments !	LLC	
Tropical Gulf (Name of the Limited Liability (A Florida Liability)	Company as it now appears on our remainded Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L II 0000722</u>	mpany were filed on $06/21/3$		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:		mg 3	
(Mailing address MAY BE A POST OFFICE BOX)		55 4	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		s, <u>enter the name of the new</u>	
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	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

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u> 16RM</u>	Beau	De Mello	801 NW 38th Ave Cape Coral, FL 33993	Add Remove
				Add Remove
				Add Remove
				A Regnove
•——•				Rejjove
	<u> </u>			AddRemove
D. If amend	ing any other infor	mation, enter change	e(s) here: (Attach additional sheets, if necessa	ry.)
Dated		,	 00)	
	Dek	Signature of a member	or authorized representative of a member - V or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00