LII 00009889

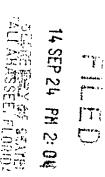
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOPICAL Auto Comes ILL Name 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:
Phillip Scarlata Name of Person
Tropical Auto Comer, LLL
4910 Lighthuse Circle Unit R
Cocard Council Classificate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milip Variata at (561) GYY YZY Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Gertificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2014

Phillip A Scarlata 4910 Lighthouse Circle #K Coconut Creek, FL 33063

SUBJECT: TROPICAL AUTO CARRIERS, LLC

Ref. Number: L11000098889

We have received your document for TROPICAL AUTO CARRIERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

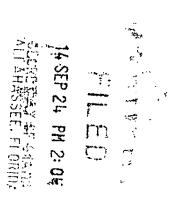
The form you submitted is for a Statement of Dissociation for Partnership, but your entity is a LLC Amendment. Please complete and return the enclosed blank form(s).

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) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 314A00017416



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 10009444.	0/20/211
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and end with the words "Limited Liab The new name must be distinguishable and end with the words "Limited Liab	ί.
Enter new principal offices address, if applicable:	4900 Lighthwe Circle Unit I
(Principal office address MUST BE A STREET ADDRESS)	LOCONUT Cheek, FL 33063
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	POCOTATA
New Registered Office Address: 9400	Lighthuse Circle Onit _
Coxonu	City, Florida 33063
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, Thereby confirm that the limited liability
	nging Registered Agent, Signature of New Registered Agent
Page	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edward Deckelman JR	GODANT Creek EL 33063	N □ Add
		Cocorut Crewn FL 33063	X Remove
			🗆 Add
			□ Remove
			Add
			Remove
			_
	·		□ Add
			□ Remove
	·		TO Add F
			AND Remove
			BEEF F
			PH 2: CHICAGO
			□ Remove

		11. W
		
-		
Effective date if other	r than the date of filing	(ontional)
(The effective date must be sp	r than the date of filing: pecific, cannot be prior to date of receipt or filed date and cannot be miled by the Florida Department of State)	(optional) ore than 90 days after
(The effective date must be sp	pecific, cannot be prior to date of receipt or filed date and cannot be me	
(The effective date must be specified the date this document is fill the date this document is document in the date this document is document in the date that document is document in	pecific, cannot be prior to date of receipt or filed date and cannot be me	
(The effective date must be specified the date this document is fill the date this document is document in the date this document is document in the date that	pecific, cannot be prior to date of receipt or filed date and cannot be me	ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00