

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tropical Auto Carriers, LLC
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 Carriers, LLC
Firm/Company

4910 Lighthouse Circle UNIT K
Address

Coconut Creek FL 33063
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Scarlata at (561) 948 4248
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

14 SEP 24 PM 2:04
CLERK OF THE
TALLHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tropical Auto Carriers, 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 Company were filed on 8/29/2011 and assigned Florida document number 11000098889.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tropical Auto Carriers, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4900 Lighthouse Circle Unit I
Coconut Creek, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4900 Lighthouse Circle Unit I
Coconut Creek, FL 33063

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Phillip Scardata

New Registered Office Address:

4900 Lighthouse Circle Unit I
Enter Florida street address

Coconut Creek, Florida 33063
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent


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SEP 21 PH 2:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 17, 2014



Signature of a member or authorized representative of a member

Philip Scarlata

Typed or printed name of signee

FILED
14 SEP 24 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA