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J. BRYAN

AUG 14 2012

EXAMINER

COVER LETTER

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то:	Registration Section Division of Corporations	
SUBJE	CT: INTERTROPOLY LLC	
SUBJE	Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	超過
	TOA C OVES Name of Person TOA C OVES OPA PA	FILEU PH 2:46
	TOA- C OVIES CAA PA Firm/Company 3785 NW 82 AVE SE 302 Address	ある
	Dorac F2 33166 City/State and Zip Code idaovies e bellsouth. net E-mail address: (to be used for future annual report notification)	
For furt	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:	
	TOA COVIES Name of Person at (305) 477-5798 Area Code & Daytime Telephone Number	
Enclose	d is a check for the following amount:	
\$25.	(additional copy is enclosed) Certified	te 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

	TERTROPOLY L		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on 0126.	1/23/2012 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	SE PORTO	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	F,	nter Florida street address	
-	City	, Florida 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 Type of Action **Title Address** <u>Name</u> MINA OSCAR MGR Remove ☐ Add Remove _ Add Remove ☐ Add Remove □Add Remove \square Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Educated Lines Onice
Signature of a member or authorized representative of a member EDUARDO PEREZ ORIVE

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee