

LB000032585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

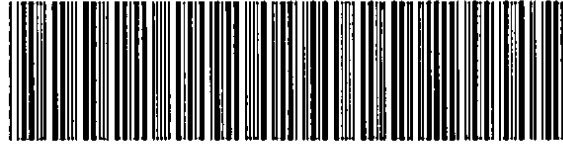
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
OCT 05 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tropical Breeze Hotel 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:

Michael J Heath

Name of Person

Law Offices of Michael J Heath, PA

Firm/Company

167 108th Ave

Address

Treasure Island, FL 33706

City/State and Zip Code

AnnaIrenaPtak@gmail.com

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

For further information concerning this matter, please call:

Britany Chobey

Name of Person

727 360-2771  
at ( )

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tropical Breeze Hotel 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 3-4-2013 and assigned Florida document number LI3000032585.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter 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 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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michal Kocielek	C/O BIURO CT PTAK	<input type="checkbox"/> Add
		ul. Zeromskiego 6	<input checked="" type="checkbox"/> Remove
		Rzgow, POLAND, 95-030 . PL	<input type="checkbox"/> Change
MGR	Anna I. Ptak	641 Bay Esplanade	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33767	<input type="checkbox"/> Remove
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 PORTUGAL  
 ROMANIA  
 RUSSIA  
 SAUDI ARABIA  
 SLOVAKIA  
 SLOVENIA  
 SOUTH AFRICA  
 SPAIN  
 SWEDEN  
 SWITZERLAND  
 THAILAND  
 TURKEY  
 UNITED ARAB EMIRATES  
 UNITED KINGDOM  
 UNITED STATES  
 VIETNAM  
 YEMEN

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

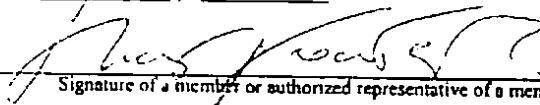
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12th of August, 2020

  
Signature of a member or authorized representative of a member

Michael Kociol  
Typed or printed name of signee

Filing Fee: \$25.00