

L13000154720

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Aug 24 17 10:09a
Aug 23 17 01:24p

South Florida Tropicals P
Flowers By Chris

561331
14107274251

p.1
p.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Tropicals Palm Beach 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:

Dimitri Psoras

Name of Person

South Florida Tropicals Palm Beach

Firm/Company

255 Murcia Dr. #209

Address

Jupiter FL 33458

City/State and Zip Code

SFTPBin@gmail.com

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

For further information concerning this matter, please call:

Dimitri Psoras

Name of Person

at (561)

Area Code

512-7114

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

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

South Florida Tropicals Palm Beach 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 11-04-2013 and assigned Florida document number L13000154720

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**)

255 Murcia Dr. #209

Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

255 Murcia Dr. #209

Jupiter, FL 33458

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:

255 Murcia Dr. #209

Enter Florida street address

Jupiter

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	Christine Psoras	255 Murcia Dr #209	<input checked="" type="checkbox"/> Add
		Jupiter FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

Aug 24, 17 10:15a

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Aug 23 17 01:24p

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14107274251

p.6

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

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17 AUG 29 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

8/23, 2017


Signature of a member or authorized representative of a member

Dimitri Psowis

Typed or printed name of signer