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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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CORPORATE When you : ACCESS,

When you need ACCESS to the world.

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/14 DANNY		
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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	FROMPO GROUP LLC CORPORATE NAME AND DOCUM	
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COVER LETTER

	ivision of Corporations	
SUBJECT	Trompo Group LLC	•
SOMECI		Name of Limited Liability Company
The enclos	ed Articles of Amendment and	fee(s) are submitted for filing.
Please retu	rn all correspondence concern	ng this matter to the following:
	Billy E. You	i. ng
		Name of Person
		Firm/Company
	17121 Collin	s Ave. Apt 3903
		Address
	Sunny Isles	Beach, FL 33160
		City/State and Zip Code
	E	mail address: (to be used for future annual report notification)
For further	information concerning this m	atter, please call:
Adrian E Ir	ias	305 400 9652
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amo	unt: •
\$25.00	_	rof Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Re Di P.C	gistration Section vision of Corporations D. Box 6327 Ilahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 SEP 14 AM 10: 59

	*** *
Limited Liability Company as it now appears o (A Florida Limited Liability Company)	our records.) L. AHASSE: -
ed Liability Company were filed on 12/5/2	012 and assigned
	and assigned
following:	
ue of the limited liability company here:	
:	
the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
eplicable:	
REET ADDRESS)	
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or registered office address on our reco	ds, enter the name of the new registe
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Enter Florida s	treet address
· · · · · · · · · · · · · · · · · · ·	. Florida
	, Florida Zip Code
ng Registered Agent:	
gred agent and agree to act in this cape	city. I further agree to comply with t duties, and I am familiar with and ter 605, F.S. Or, if this document is
	the words "Limited Liability Company here: the words "Limited Liability Company." the design policable: CEET ADDRESS) CE BOX Cregistered office address on our recorders here: Cing one Registered Agent: Cregistered agent and agree to act in this canal

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>	Type of Action
AMBR	Billy E. Young		17121 Collins Ave. Apt. 3903	□Add
		:	Sunny Isles Beach, FL 33160	□Remove
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tive date, if other than	he date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.02
effective date is listed, the date If the date inserted in the	nust be specific and cannot be prior to date of filing block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
ment's effective date on th	Department of State's records.	and requirements, this date will not be fisted a
ord specifies a delayed effe filed.	tive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after th
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	Signature of a member or authorized representa	ntive of a member

Filing Fee: \$25.00