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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TROPIC TRANS PORTATION Name of Limited Liability Company
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:
STEPHEN GOREY Name of Person
Name of Person
TROPIC TRANSPORTATION
TROPIC TRANSPORTATION Firm/Company
1000) AILL 29th ANE
10002 NW 89th AVE
72170
MIAMI FL 33178 City/State and Zip Code
SGOREY O TROPIC DIL. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
11011- 988 -11011
PYAN Meadle at (305) 838 -4611 Name of Person Area Code Daytime Telephone Number
Rmeade@tropicoil.com
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y as it now appears on our recordibility Company)	(<u>LLC</u>	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L140000853</u> 40		<u>≥ 2.03⊃</u> and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit			
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	- Same	39	
		- TT	
		呈し	
Enter new mailing address, if applicable:	***************************************	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	same_	51	
B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here: Name of New Registered Agent:	Idress on our records, <u>enter</u>	the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	, F1	orida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, a covided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
If Chang	ing 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>	Name	Address	Type of Action
AMBR	GEORGE LEVASSE	565 10007 NN 864 W	<u>√E</u> □Add
		WIDNI FL 33118	Kemove
			□Change
WPU	ryou meade	10007 NM 86th MG	DVAdd
		MIAM + FL 33178	□Remove
			□Change
MGV	steve Scoppetuolo	10002 NW 894 AN	<u>e</u> ⊠Add
		MIDMI FL 33178	Remove
			□Change
			□Add
			□Remove
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lf an effec <u>Note:</u> I	re date, if other than the date of filing: (optional) cive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	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 d.
ra is file	
ord is file Dated _	11 MRCM. 3.030.
	Myse CM . 3.030 . Agnature of a member or authorized representative of a member

Filing Fee: \$25.00