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R. WHITE. DEC 1 7 2019

COVER LETTER

TO: Registration S Division of Co					
	CIA TROPICAL LLC				
SUBJECT:		ted Liability Company	 		
The enclosed Articles of	f Amendment and fee(s) are sub	nitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JOSE L ARISTIZABAL				
	BLACK RIVER PRODUCTI	Name of Person ON CORP			
Firm/Company					
	1881 NW 93 AVE '				
		Address			
	DORAL, FL 33172				
	jose.aristizabal@4jts.com	City/State and Zip Code			
	E-mail address: ()	to be used for future annual report notifi	cation)		
For further information	concerning this matter, please co	all:			
Jose L Aristizabal		305 3611955 at ()			
Name of Person		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:

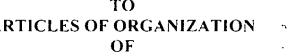
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2019 NOT 20 PH 4: 45

ELEGANCIA TROPICAL 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 L	iability Company wer	e filed on <mark>July 3, 2014</mark>	and assigned
Florida document number L14000106294			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability	company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	<u> ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered or		address on our records, enter	the name of the new
Name of New Registered Agent:	BLACK RIVER PR	RODUCTIONS CORP	
New Registered Office Address:	1881 NW 93RD A	VENUE	
		Enter Florida street address	
	DORAL	Florida ³³	172
		City	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.

hanging 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>	Address	Type of Action
MGR	FEDERICO SIMON MEJIA	1881 NW 93RD AVE DORAL FL 33172	
			Add
			☐ Remove
			Change
MGR	Liliana, Saumet	458 N Doheny Dr Suite 69678	□ Add
			■ Remove
			Change
AR ———	Muhammad, Sulaiman	458 N Doheny Dr Suite 69678	
			Remove
			☐ Change
AMBR	LILIANA SAUMET	1881 NW 93RD AVE DORAL FL 33172	■ Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			Change

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i`an eff Note:	ive date, if othe fective date is listed If the date insert tent's effective da	, the date must be: ed in this block	pecific and can does not meet	not be prior to the applicab	date of filing or n le statutory filir	iore than 90 days	optional) after filing.) Pursua , this date will no	nt to 605,020 t be listed a
	cord specifies 90th day afte			e, but not a	an effective	ime, at 12:()1 a.m. on the	e earlier d
Dated	November 13		2	019				
			·	11 ,		/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00