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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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M. MILLIGAN EXAMINER

SEP - 3 20,-

COVER LETTER

TO:	Registration S Division of Co			
SURI	FCT•	TROPIX PROPERT	IPS LLC	
30 DG	DC1.	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		KEIN Son	DER UND Name of Person	
			Name of Person	
		TROPIX PROP	PERTLES LLC Firm/Company	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		15347 GRa	SE POINT LAWE Address	
		CLERMONT F	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			20 G-MAL COM	
For fu	rther information	concerning this matter, please ca	all:	
_K	EITH S	oofrwod	at (<u>630</u>) 767 – Area Code Daytime	9922
	Name	of Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for	the following amount:		
□ \$ 2	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)

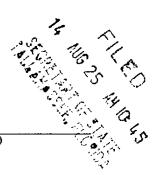
MAILING ADDRESS:

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



Zip Code

TROPIX PROPERTIES Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L 14000 | | 1201. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERINA ENTERPRISES The new name must be distinguishable and end with 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 Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			Remove
			NIG 25
			Add O
			Remove
			
		 	
		- · · · · · · · · · · · · · · · · · · ·	□ Remove
			Add
			Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, ,	r e
	e date, if other than the date of filing:
Dated	AUGUST 215T , 2014.
	1200Q
	Signature of a member or authorized representative of a member
	KEITH SOOBRUND
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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