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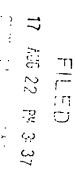
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Co | | | | |
|----------------------------|---------------------------------|----------------------------------------------|----------------------------------------------------------------------|--|
| TROPICA SUBJECT: | L DEVELOPERS LLC | | | |
| | Name of Li | mited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | | |
| | ondence concerning this matte | | | |
| | SANDRA PANESSO | | | |
| | | Name of Person | | |
| | Tropical De | =velopers LLC | | |
| | | Firm/Company | | |
| | 40 NE 49 | 5+ | | |
| | | Address | | |
| | oakland | Park Fl 333 | 334 | |
| | SANDRASLISTINGS@G | City/State and Zip Code | | |
| | | (to be used for future annual report notif | ication) | |
| For further information c | oncerning this matter, please c | | 20.3 | |
| SANDRA PANESSO | | 561 929-3722 | 是 真型 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number | |
| Enclosed is a check for th | ne following amount: | | ب . پ | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | دی □ \$60.00 Filing Fee, | |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILI | ING ADDRESS: | STREET/COURIE | R ADDRESS: | |
| Registra | ation Section | Registration Section | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TROPICAL DEVELOPERS LLC | | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|----------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I Florida document number L14000183371 | | y were filed on DECEMBER 1, 2014 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liab | pility company here: | |
| The | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the designation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 40 NE 49TH ST | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | OAKLAND PARK FL 33334 | |
| | | | |
| Enter new mailing address, if applicable: | | 40 NE 49TH ST | |
| (Mailing address MAY BE A POST OFFICE | BOX) | OAKLAND PARK FL 33334 | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | or registered of ffice address her | ffice address on our records, <u>enter</u> e: | the name of the nev |
| Name of New Registered Agent: | SANDRA PAN | NESSO | ~ 0 |
| New Registered Office Address: | 40 NE 49TH S | | |
| | | Enter Florida street address | <u></u> |
| | OAKLAND PA | ARK Florida 33: | 334 |

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

Zip Code

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 | TIAGO PATRICIO | 1830 S OCEAN DR. #2309 | |
| | | HALLANDALE BEAC FL 333009 | ■ Remove |
| | | | Change |
| AMBR | TIAGO PATRICIO | | |
| | | | Remove |
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| Effective | date, if other than the date of filing: (optional) ve 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 605.0. |
| <u>ivote:</u> II i | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| document | 's effective date on the Department of State's records. |
| | |
| ie recor The 90 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier, it is a filed. |
| | our day after the record is filed. |
| Dated | |
| | |
| | |
| | Signature of a member or authorized representative of a member |
| | SANDRA PANESSO |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00