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APR 0 8 2015 D. P.RUCE **Division of Corporations**

February 16, 2015

ROGER PERRAULD 183 COWLES ST. ENGLEWOOD, FL 34224

SUBJECT: SUBTROPICAL SERVICES, LLC

Ref. Number: L15000002331

We have received your document for SUBTROPICAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00003253

COVER LETTER

	Registration Se Division of Cor					
SUBJEC	Subtropi	cal Services, LLC				
501000		Name of Limi	ted Liability Company			
		Amendment and fee(s) are submondence concerning this matter t	U			
		Roger Perrault			,	
			Name of Person			
		Perrault Tax and Acc	counting, LLC			
			Firm/Company			
		183 Cowles St.			2815	
			Address	······································		T
		Englewood, FL 342	24		HAR I	Same of the second
		Perrault46@centurylir	City/State and Zip Code		Y es six	
For further	r information c	E-mail address: (to oncerning this matter, please ca	be used for future annual report notifi	cation)	2: 08	واستفع أر
Roger F	Perrault		941 474-2800			
	Name o	f Person		Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
	MAILI	ING ADDRESS:	STREET/COURIE	CR 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

Subtropical Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 1/5/2015	and assigned
Florida document number L15000002331		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		25 cm
Enter new mailing address, if applicable:		TI or offi
Mailing address MAY BE A POST OFFICE BOX)		
		(F) (D)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		orida
	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.

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 = Manager

<u>Title</u>	Name	Address	Type of Action
Mr	Scott Bouthiller MGR	3049 Gillot Blvd.	■ Add
		Port Charlotte, FL 33981	Remove
Mr ———	James Smith AMBR	3164 California Terr	■ Add
		North Port, FL 34291	Remove
			Add
			□ Remove
			A A A A A A A A A A A A A A A A A A A
			Remove
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. If am	ending any other information, enter change(s	here: (Attach additional sheets, if necessary.)
-		
•	A A A A A A A A A A A A A A A A A A A	
-		
Effect	tive date, if other than the date of filing: fective date must be specific, cannot be prior to date of rece	(optional)
	te this document is filed by the Florida Department of State	
Dated	February 8, 15	
	,	_
	Sunt Book	<u> </u>
		or authorized representative of a member
	Scott Bouth	iller
	Typed o	r printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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