

#L15000037865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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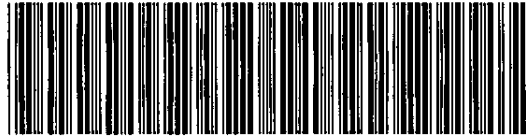
(Business Entity Name)

(Document Number)

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2015 MAY 14 PM 3:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 22 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2015

TROPIMIX PRODUCTIONS, LLC.  
JOSE ORTIZ  
2223 SE 14 AVE, STE. 90  
OCALA, FL 34471

SUBJECT: TROPIMIX PRODUCTIONS, LLC.  
Ref. Number: L15000037865

RECEIVED  
15 MAY 14 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

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

Karen A Saly  
Regulatory Specialist II

Letter Number: 415A00008696

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Tropimix Productions, LLC.**

**SUBJECT:** \_\_\_\_\_  
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:

**Jose Ortiz**

\_\_\_\_\_  
Name of Person

**Tropimix Productions, LLC.**

\_\_\_\_\_  
Firm/Company

**2223 SE 14 Ave. Suite 90**

\_\_\_\_\_  
Address

**Ocala, Florida 34471**

\_\_\_\_\_  
City/State and Zip Code

**djoeortiz@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jose Ortiz**

**352**

**282-7585**

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**Tropimix Productions, 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 Liability Company were filed on 03/02/2015 and assigned  
Florida document number L15000037865

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

*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**

**Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Ortiz	2223 SE 14 Ave. Suite 90	<input checked="" type="checkbox"/> Add
		Ocala, Florida	<input type="checkbox"/> Remove
		34471	
AMBR	Troy Waranka	329 NE 7 Terr.	<input checked="" type="checkbox"/> Add
		Ocala, Florida	<input type="checkbox"/> Remove
		34470	
MGR	Troy Waranka	329 NE 7 Terr.	<input type="checkbox"/> Add
		Ocala, Florida	<input checked="" type="checkbox"/> Remove
		34470	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2011 MAY 14 PM 14  
CLERK OF DISTRICT COURT  
GALLAHUE, FLORIDA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 6th 5/12/2015, 2015

*Jose Ortiz*  
Signature of a member or authorized representative of a member

Jose Ortiz

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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