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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 OCT 27 P 1:00

FILED

OCT 28 2015

S MASON

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TROPICAL ISLE PARTNERS 2, LLC  
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:

JENNIFER B. GRUBER  
Name of Person  
Firm/Company  
5336 SW 11TH PL  
Address  
CAPE CORAL, FL 33914  
City/State and Zip Code  
JBGRUBERFL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA KNOWER at ( ) 239 333-1031 X115  
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



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>	<u>Address</u>	<u>Type of Action</u>
MGRM	1031 REVERSE EXCHANGE CO	1520 ROYAL PALM SQ. BLVD.	<input type="checkbox"/> Add
		SUITE 320	<input checked="" type="checkbox"/> Remove
		FT. MYERS, FL 33919	<input type="checkbox"/> Change
MGRM	A. LEE BRAND	78 DUFFER DR.	<input checked="" type="checkbox"/> Add
		JASPER, GA 30143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 REGISTRY OF STATE  
 ADMINISTRATIVE FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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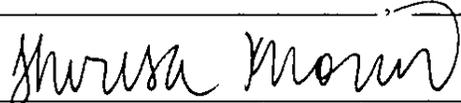
**E. Effective date, if other than the date of filing: 07/24/2015 (optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 24 2015



Signature of a member or authorized representative of a member

THERESA KNOWLER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA