

L15000061259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

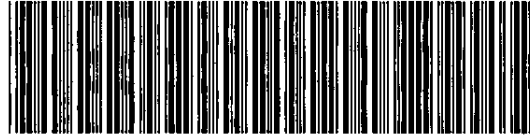
(Business Entity Name)

(Document Number)

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

FILED

OCT 28 2015

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TROPICAL ISLE PARTNERS 2, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/07/2015

Florida document number L15000061259

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5336 SW 11TH PL

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33914

Enter new mailing address, if applicable:

5336 SW 11TH PL

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33914

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:

JENNIFER B. GRUBER

New Registered Office Address:

5336 SW 11TH PL

Enter Florida street address

CAPE CORAL

City

Florida 33914

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.

Jennifer B Gruber
If Changing Registered Agent, Signature of New Registered Agent

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
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 REGISTRY OF STATE
 ADMINISTRATORS
 FLORIDA

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

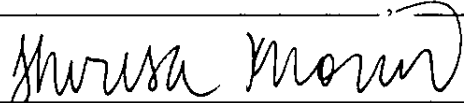
E. Effective date, if other than the date of filing: 07/24/2015 (optional)

(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 KNOWER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA