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SECRETARY OF STATE
ALLAHASSEF FIORITA

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COVER LETTER

	on Section f Corporations	se 설	
SUBJECT:	TROPECS Too REAL ESTATE LLC Name of Limited Liability Company		
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.		
Please return all co	rrespondence concerning this matter to the following:		
	MARUENE GRAHAM Name of Person	_	
	TROPICS TOO ROAL ESTATE LLC Firm/Company	_	
	S39 STH AUE, S, NAPLES, FL. 34102 Address	_	
	NAPLES, FL. 34102 City/State and Zip Code	_	
	E-mail address: (to be used for future annual report notification)		
For further informa	tion concerning this matter, please call:		
M A4	RLENE GRAHAM at (239) 261-0153 Area Code Daytime Telephone Numb	2015 JUL 21 A II SECRETARY OF ST	
Enclosed is a check	for the following amount:		
\$25.00 Filing I	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified Copy	Filing Fee Pate of Status & ed Copy nal 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

REAL ESTA	TE LLC		<u> </u>
Liability Company as Florida Limited Liabili	it now appears on on the company)	our records.)	
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ds "Limited Liability Co	ompany," the designation	ation "LLC" or the ab	breviation "L.L.C."
le:	<u></u>		
ADDRESS)			
<u></u>		EECRETARY (TAULAWASSEE	
registered office ee address here:	address on our	records, enter	The name of the new
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539			<u>.</u>
<u></u>	PLES	, Florida	34102 Zip Code
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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 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
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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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	ed	JULY ()	196 TH	(PN)	29	95 2	A)				

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Filing Fee: \$25.00