

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900352448559

09/21/20--01012--029 ++25.00

OCT 2 8 2020 SEP 21 TI

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TROPIC	al Auto Sales	+ Rent to own	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Alida Nic	Name of Person	
	Tropical Aut	- SAles - Read to Pirm/Company	POWA LLC
	7128 E Co	lon: Al Dr. Je Address	
	ORIMA	FL 32807 City/State and Zip Code	
	Aliicardona E-mail address: (80 Gma.l. Com	fication)
For further information co	ncerning this matter, please ca	all:	
Alida CA	Adona	914 at (843 ·	-6509
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S	=""	Street Address: Registration Se	ction
Division of Co	-	Division of Cor	porations
P.O. Box 6327 Tallahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

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

-	TROPICAL	Aut-	Lolaz	4	Ront	+0	0~~	FILE	() ()
	(<u>Name</u>	of the Limited (A	lorida Limite	pany as it d Liability	t now appea Company)	rs o <u>n our</u> r	records.)	2	m
The Articles of Org	ganization for this	Limited Liabi	lity Compar	ny were	filed on	7/8	12016	and at	Signed
Florida document n			_	•				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ئ. ئ
This amendment is	submitted to ame	nd the followi	ng:						
A. If amending na	ıme, <u>enter the ne</u>	w name of th	e limited lia	ability c	ompany h	ere:			
The new name must be	distinguishable and o	contain the word	s "Limited Lia	bility Cor	npany," the c	lesignation	"LLC" or th	ne abbreviation "	L.L.C."
Enter new princip	al offices address	s, if applicabl	e:				_		
(Principal office ad	ldress MUST BE	A STREET A	(DDRESS)						
Enter new mailing	g address, if appli	icable:				· · · · · · · · · · · · · · · · · · ·			
(Mailing address M	AAY BE A POST	OFFICE BO	<u>X)</u>						
									
B. If amending the agent and/or the n				e addres	ss on our r	ecords, <u>e</u>	enter the r	name of the n	ew registere
Name of N	New Registered A	gent:	Paul	Ac.	thony	m	<u>esia</u>		
<u>New Regi</u>	stered Office Add	lress:	7128	Enst	C= (= Enter Flo	rida street d	Dr. u	و	
		-	07(1)	~4 S			_, Florida	32807	<u> </u>
N. D. Carris	4.61				ity			Zip Code	,
New Registered Age	ent's Signature, if	changing Regi	sterea Agen	<u>IC:</u>					

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
AMBR	Digua m Benthiaune	7128 EAST Colonial Orive	□Add
		ORIANDO FL 32807	Remove
			□Change
mar	Tiffany Benthinume	7128 E (don.A) Dr.	□Add
		ORIAND FL 32807	ixRemove
Waveliu)			□Change
	PAUL Anthony MeJiA	7128 Eralenal Or.	i_X /dd
		ORIAND - FL 32807	□Remove
			□Change
mgr	Alida N. CARDONA	7128E Colonial Dr.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		URLANDO FL 32807	□Remove
			Change
MAR	Diana m Beathioune	7128 E Colonial Dr.	□Add
		ORIANDO FL 32807	emove
			□Change
MAR	Reginal In Benthioun	e 7128 E Colonial Or	□Add
		ONLANDO FL 32807	□Remove
			i Change

_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe Note: I	tive date, if other than the date of filing:
he 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 d.
	9/16 . 2020
ord is file	9/16 . 2020.
ord is file	Signature of a member or authorized representative of a member

THE COLOR