

L16000189649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

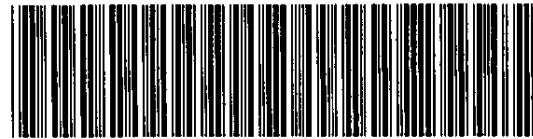
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 NOV -2 PM 1:00
FILING
CLERK
RECEIVED

NOV 03 2016
J. HARRIS

October 31, 2016

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Tropitech Instrument & Controls, LLC

L016000189649
Change of Authorized Person

To whom it may concern;

Enclosed is the paperwork to change the Authorized Person on the above referenced LLC from Sharon Forrester to John Tupps.

If you have any questions you can reach us at 863-965-2053 or email sharonharper@att.net.


John Tupps

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TROPITECH INSTRUMENT & CONTROLS, 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:

SHARON FORRESTER

Name of Person

GOSSAMER BAY, INC.

Firm/Company

1906 LAKE ARIANA BLVD

Address

AUBURNDALE, FL 33823

City/State and Zip Code

SHARONHARPER@ATT.NET

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

For further information concerning this matter, please call:

SHARON FORRESTER

863 965-2053

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TROPTECH INSTRUMENT & CONTROLS, 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 10/13/16 and assigned
Florida document number 1616000189649.

This amendment is submitted to amend the following:

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

AUTHORIZED PERSON

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:

(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

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>
MGR	JOHN TUPPS	1906 LAKE ARIANA BLVD AUE	<input checked="" type="checkbox"/> Add
		Oquirrhale, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHARON FORRESTER	1906 LAKE ARIANA BLVD AUBU	<input type="checkbox"/> Add
		Oquirrhale, FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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.

Dated 19/3/16, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

16 APR -2 PM 1:00