11700000 2431

(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



400320362914

400320362914 11/07/18--01015--030 **25.00

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Div	ision of Cor	porations	}			
eub le <i>c</i> e.	TROPICA	L COFFEE IMPORTS LLC				
SUBJECT:		Name of Lim	ited Liability Company		-	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	_			
		WILLIAM CAVALLINI	<u>e</u>			
		TROPICAL COFFEE IMPO	Name of Person DRTS		_	
		3607 TORREMOLINOS AV	Firm/Company /ENUE		2.8	7-27
		DORAL FLORIDA 33178	Address			
		WCAVALLINI@YAHOO.CO	City/State and Zip Code	····	<u> </u>	7 5: 39
For further in	darmetion e	E-mail address. (oncerning this matter, please or	to be used for future annual repor	rt notification)	. :·	Ð
WILLIAM C		streeting this mater, prende of	786 765-73	06		
	Name o	f Person		aytime Telephone Numl	per	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifi	Filing Fee cate of Sta ed Copy nal copy is c	atus &	
		ING ADDRESS: ation Section	STREET/CC Registration S	OURIER ADDRESS: Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL COFFEE IMPORTS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	······	
The Articles of Organization for this Limited Liability Company were filed on JAN 05 2017			
Florida document number L17000002431			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	温 "刑	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicable:	3607 TORREMOLINOS AVE	- 17	
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33178	> U	
			
Enter new mailing address, if applicable:	3607 TORREMOLINOS AVE		
Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33178		
	· · · · · · · · · · · · · · · · · · ·		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	onter v toriaa sireet adaress		
	, Florida	Zm Cade	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GRACE AGUILAR	3607 TORREMOLINOS AVE DORAL FL 33178	
			■ Add
			□ Remove
			Change
*			□ Add
			Remove
			Remove
			اً ا
			ဟ္ O Remove
			Change
	·····		Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			
			□ Remove
			Change

·				
				<u> </u>
-			 "	
				· ~ ~
			· · · · · · · · · · · · · · · · · · ·	
				4
		·		
				m نا
				
			_	
			~	
				
ffective date, if other than the da	ate of filing:		(0	ptional)
an effective date is listed, the date must b	e specific and cannot be	prior to date of tiling o	r more than 90 days a	ifter filing.) Pursuant to ℓ
(ote: If the date inserted in this bloc ocument's effective date on the Dep.	artment of State's reco	ords.	ing requirements,	this date will not be i
e record specifies a delayed e	effective date thut	not an effective	e time at 12.0	1 am on the ear
The 90th day after the recor	d is filed.	inde an eneces	o chine, de 12.0	1 d.m. on the car
OCTOBER 31	2018			
		7		
	(b)	1/)		
	gnature of a member of	authorized representat	ive of a member	
O.	5		c or a member	

Page 3 of 3

Filing Fee: \$25.00