<u>1170000 34076</u>

(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:





400294499524

03/03/17--01026--009 **30.00

2017 MAR - 3 FO II: 51

D. BRUCE MAR 0 6 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropical D-Lite 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 Comp Florida document number L17000034076	any were filed on February 13,	2017 and assigned
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 L	iability 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	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		cords, enter the name of the new
		SS w
New Registered Office Address:	Enter Florida street a	ddress
	City ·	, Florida ≅ on 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>	Address	Type of Action
MGR	Semour Bryan	7097 Crescent Creek Lane	Add
		Coconut Creek, FL 33073	Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			SSE
			Remove
			Change
			□ Add
			□ Remove
			Change

. ***				, , , ,	1 1	
•						
		,				
	*····					
				·····		
						
						→
						
	-					
		<u> </u>				
						
						·
					7 2011 TALL	
			·		LAND HA	
					, , , , , , , , , , , , , , , , , , ,	AND PARTY OF THE P
					Signal Land	
					THE TO	3 8
E. Effective date, if other the	an the date of filing	ı <u>.</u>		(optio	-71	U
 (If an effective date is listed, the d 	late must be specific and	cannot be prior to	date of filing or more	than 90 days after	filing Pursuant to (605.0 <mark>2</mark> 07 (3)(b
Note: If the date inserted in	this block does not m	neet the applicabl	e statutory filing re	equirements, this	date will not be 1	isted as the
document's effective date or	the Department of S	tate's records.				
If the record specifies a de		ate, but not a	an effective time	e, at 12:01 a	.m. on the ea	rlier of:
(b) The 90th day after th	e record is filed.					
February 27 Dated		2017				
Λ σ	0					
Ann	\mathcal{L}	la				
	Signature of an	nember or authoriz	ed representative of a	a member		
Adrienne Bryan						
		Typed or printed	anna of vienes			

Page 3 of 3

Filing Fee: \$25.00