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(Requi	estor's Name)	
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PICK-UP	□ wait	☐ MAIL
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SECRETARY OF STATE FALL MHASSEE FLORIDA

JUN 0 3 70 m SCHROEDEF

COVER LETTER

TO:

Registration Section Division of Corporations

		_	
SUBJECT:	TROPACK IN	VESTMENI	LLC
	Name of Limite	ed Linbility Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Annel	Te ECHEURI	MiA
		Name of Person	
	Tropac	Firm/Company	MENT LLC
		Firm/Company	
	16169 R	avina Wa	ч
		Address	,
	Na	ples FL 3	4110
	_		
	126A VCC E-mail address: (to	DROWN HOLD	h COM.
For further information c	oncerning this matter, please cal	1:	,
Annette	ECHEVENIA	at (239)	2680 - 0832
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) Sed)
	ING ADDRESS:	STREET/ Registratio	COURIER ADDRESS:
Division of Corporations		Division of	f Corporations
P.O. Box 6327 Tallahassee FE 32314		Clifton Bu 2661 Exec	nding utive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPACH	E INVESTMENT LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
	ompany were filed on 11032017 and assigned 972	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C," or the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:	#Y 16 ## 99	
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the neess here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street adáress	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605. F.S. Or, if this document is I office address, I hereby confirm that the limited liability	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	uthorized Person(s) authorized to man	age, enter the title, name, and address of each p	erson being adde
MGR = Man AMBR = Aut	nager horized Member		
<u> Title</u>	Name	Address	Type of Action
AMBR	MANESIL S.A.	Avenida Del Ejercito	_DXAdd
		#615 y 1º De MAYO	□ Remove
		GUAYAQUII, ECUADOR	Change
AMBR	INDUSTRIAL PESQUERA	Calle 45 5/N	X Add
	SANTA PRISCIPA S.A.	CAlle 45 5/N	□ Remove
		GUAYAQUII, ECUADOR	Change
			_□ Remove
		50 AV 50 AV 50 AV	100 day 1
	· · · · · · · · · · · · · · · · · · ·	THE CONTRACT OF SHAPE	_ Ndd ·
			ERemove
			_□ Change
			_D Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

_		
_	ANNETTE ECHEVERNIA	a is THE ACTUAL MANAGER
_		SENT OF TROPACK INVESTMENT LL
_	THAT WILL STAY TO	E SAME.
-	1	
_	ANNETTE ECHEVERY	a WILL NOT BE THE ONLY
-	MEMBER OF THE C	onpary.
	THE ONLY 2 HEMBE	·
_	MANESIL S.A. AN	D INDUSTRIAL PESQUERA
-	SANTA PRISCILA S	.A.
_		
0 _	MANESILS.A. (ADD	NESS: Avenida del ETERCITO
_	#615 and 1- DZ MA	40) Grayaquic - ECUADOR
		a SANTA PRISCILA S.A.
	(ADDRESS: GUDADELA	MAPASINGUE, CALLE 45 5/N)
-	GUAJAQUIL - FWAD	ol
(If an eff <u>Note:</u>	ective date is listed, the date must be specific and cannot l	optional) c prior to date of filing or more than 90 days after filing.) Pursuant 17505.0297 (3)(b) applicable statutory filing requirements, this date will not be listed as the cords.
	cord specifies a delayed effective date, b 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated	05.10.2019	·
	Signature of a member	Frauthorized representative of a member
	Anne Te E	CHEVEMA ir printed name of signee
		Page 3 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00