L17000252271

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN JAN 2 5 2018

COVER LETTER

		egistration Section vision of Corporations							
		ropick Life,							
SUBJEC	JE: _	Name of Limited Liability Company							
			mendment and fee(s) are subn						
			Brandi Nottingham						
	Name of Person								
			Tropick Life, LLC						
				Firm/Company					
6433 NW 20th Street									
				Address					
			Margate, Florida 33063						
			drinktropicklife@gmail.com	City/State and Zip Code					
			E-mail address: (to	o be used for future annual re	port notification)				
For furth	er info	ormation cor	ncerning this matter, please ca	11:					
Brandi N	Notting	ham			7599				
		Name of I	Person	at () Area Code	Daytime Teleph	one Number			
Enclosed	is a c	heck for the	following amount:						
\$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Fropic Life, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number 1.17000252271	were filed on December 8, 2017 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
ropick Life, LLC	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	6433 NW 20th Street
Principal office address MUST BE A STREET ADDRESS)	Margate, Florida 33063
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	There is not over the president (17)
	, 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

Page 1 of 3

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'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>	Type of Action	
			Remove	
			□ Change	
			☐ Remove	
			Change	
			Remove	
			Change	
			☐ Remove	
			Change	
			Add	
			Remove	
			:□ Chappe	
			· <u> </u>	
			JAN 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			_ = Change	

). If amending any other information, enter o	change(s) here: (Attach additional sheets, if	nec(nsary.)
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. Effective date, if other than the date of fili	ng:	optional)
I have theet we date is listed, the date must be specific at	nd cannot be prior to date of filing or more than 90 days meet the applicable statutory filing requirements State's records.	safter filing (Pursuant to 608 0207 c s, this date will not be listed as th
b) The 90th day after the record is filed		
January 18	2018	
Dated		
CHAND TONG	· Jan	<u>ं</u> ं
Signature of	Inember or authorized representative of a member	
	-	AH 2
Martha Nottingham(<i>5.</i> 1 ∼ 1 − 1
	exped or printed name of signee	3 €
		<u>5</u>
	Page 3 of 3	# 12

Filing Fee: \$25.00