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Amend

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COVER LETTER

Division of Cor	porations		
4040 Galto	ceandrive 911 LLC		
30BJEX.1.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Marc Brown, Esq.		
		Name of Person	
	Mare Brown, P.A.		
		Firm/Company	
	1995 E Oakland Park Blvd.	., Suite 310	
	-	Address	
	Fort Lauderdale, FL 33306		
	mare@marcbrownpa.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	eation)
For further information c	oncerning this matter, please ca	dl:	
Marc Brown		954 566-5678	
Name o	f Person	at ()	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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

ited Liability Company as it now (A Florida Linnied Liability Com	appears on our records.) pany)
Liability Company were filed	on 1/25/2018 and assigned
lowing:	
of the limited liability compa	any here:
words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C."
cable:	
ET ADDRESS)	7)
<u> </u>	03 :8:
	
•••	ess on our records, <u>enter the name of the</u>
1995 E. Oakland Park Blvd	
	L. Suite 310 mer Florida street address Florida 33306
	llowing: of the limited liability company. words "Limited Liability Company. icable: ET ADDRESS) EBOX) d/or registered office address here:

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 695, 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>	Type of Action
MGR	Tropical Managment Group LLC	218 Commercial Blvd., Suite 106	ПАЛ
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Effective date, if other than the	08/27/2019 date of filing:		(optional)	
f an effective date is listed, the date must	t be specific and cannot be prior	to date of filing or more tha	in 90 days after filing.) Pursuant to 60:	5.0207 (
Note: If the date inserted in this blo document's effective date on the De			arements, this date will not be list	ed as t
ne record specifies a delayed	effective date, but no	t an effective time,	at 12:01 a.m. on the earli	er of:
The 90th day after the reco	ord is filed.			
August 27	2019			
Dated August 27		·		
	ン			
	Signature of a member or author	orized representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00