

L18000160469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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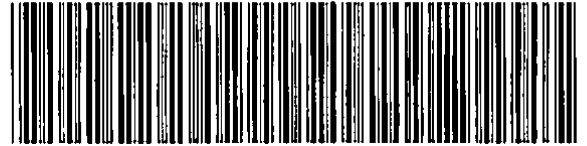
(Business Entity Name)

(Document Number)

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2019 AUG 16 P 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 23 2019
T. LEWELUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tropical Famiglia Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna M Puglisi

Name of Person

Tropical Famiglia Investments, LLC

Firm/Company

3226 Glenridge Drive

Address

Palm Harbor, FL 34685

City/State and Zip Code

TFInvests@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna M Puglisi

813 767-7658
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

FILED

2019 AUG 16 P 2 54

Tropical Famiglia Investments, LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/02/2018 and assigned
Florida document number L18000160469.

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 Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Donna M Puglisi

New Registered Office Address:

Enter Florida street address


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.


Donna M. Puglisi
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>	<u>Type of Action</u>
MGR	Donna M Puglisi		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Donna M. Paglisi
Signature of a member or authorized representative of a member

Typed or printed name of signee

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

VIRGIN ISLANDS OF THE UNITED STATES
LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER ST-19-MG-0000178

STATE FILE NUMBER

PARTY 1

1. PARTY 1'S NAME (First, Middle, Last) RALPH PUGLISI		FORMER SURNAME (if different)		2. AGE LAST BIRTHDAY 57		SEX MALE	
3a. RESIDENCE-CITY, TOWN, OR LOCATION 2415 BENT TREE ROAD #2418 PALM HARBOR				3b. COUNTY OR ISLAND PINELLAS			
3c. STATE, ZIP FL 34685		4a. BIRTHPLACE (State or Foreign Country) NEW YORK		4b. DATE OF BIRTH (Mo., Day, Yr.) February 03, 1962		5. SSN, SEC. N 143-48-478	
6a. FATHER'S NAME (First, Middle, Last) RALPH PUGLISI		6b. BIRTHPLACE (State or Foreign Country) NEW YORK		7a. MOTHER'S NAME (First, Middle, Former Surname if Different) ASSUNTA MELE		7b. BIRTHPLACE, Foreign Country ITALY	

PARTY 2

8a. PARTY 2'S NAME (First, Middle, Last) DONNA MARIE RUTH		8b. FORMER SURNAME (if different) MCCOY		9. AGE LAST BIRTHDAY 58		SEX FEMA	
10a. RESIDENCE-CITY, TOWN, OR LOCATION 3226 GLENRIDGE DRIVE PALM HARBOR				10b. COUNTY OR ISLAND PINELLAS			
10c. STATE, ZIP FL 34685		11 a. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		11 b. DATE OF BIRTH (Mo., Day, Yr.) February 06, 1961		12. SSN, SEC. N 194-52-2596	
13a. FATHER'S NAME (First, Middle, Last) RONALD ELISWORTH MCCOY		13b. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		14a. MOTHER'S NAME (First, Middle, Former Surname) BEVERLY ANN POTTS		14b. BIRTHPLACE, Foreign Country PENNSYLVANIA	

SIGNATURE

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

15. PARTY 1'S SIGNATURE

Ralph Puglisi

16. PARTY 2'S SIGNATURE

Donna Marie Ruth

This License Authorizes the Marriage in This Territory of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under the Laws of the United States of the Virgin Islands

Universal Life Church

17. EXPIRATION DATE (Month, Day, Year)

SEPTEMBER 21, 2019

LICENSE TO MARRY

18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)

JUNE 21, 2019

19. SIGNATURE OF ISSUING OFFICIAL

Henry V. Carr, III

20. TITLE OF ISSUING OFFICIAL
SUPERIOR COURT MAGISTRATE JUDGE

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)

6/26/2019

22a. WHERE MARRIED-CITY, TOWN, OR LOCATION

Cinnamon Beach

22b. ISLAND

St. John

CEREMONY

23a. SIGNATURE OF PERSON PERFORMING CEREMONY

Michelle Lawthorn

23b. NAME (Type/Print)

Michelle Lawthorn

23c. TITLE

Officiant

23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)

33 Estate Adrian St John VI 00836

24a. SIGNATURE OF WITNESS TO CEREMONY

Tyler Pl

24b. SIGNATURE OF WITNESS TO CEREMONY

James F...

LOCAL OFFICIAL

25. SIGNATURE OF COURT REGISTRATION OFFICIAL

Estrella G. George

CLERK OF THE SUPERIOR COURT

26. DATE FILED BY COURT (Month, Day, Year)

7/11/19

A CERTIFIED TRUE COPY

DATE

7-11-2019

ESTRELLA G. GEORGE

CLERK OF THE COURT

BY

COURT CLERK II