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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Law Keye Terr Name of Limi	ted Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	(Scian Beg Name of Person	**************************************
	Hawkeye	Tessain LLC Firm/Company	
	2210	1. Pl. C.	at 14.27
	4710	address Plaza East	++ 2 18 71
	Reakly	in Ni liao,	
	(3,30)	City/State and Zip Code	
_	虎	HawkeyeTerrain	egmailicom
			ation)
For further information conc	erning this matter, please ca	H:	
Rrica	n Berg	at (646) 8079 Area Code Daytime T	646
name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	ollowing 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
Tropper Terrain LLC The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	Nochenge
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No chage
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	201 701
	Enter Florida street address , Florida City Si Zip Code to act in this capacity. I further agree to comply with the
New Registered Agent's Signature, if changing Registered Agent:	City Sy Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	

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 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
			□ Add
	100	Vange	Remove
			Change
			Add
			Remove
			Cl Change
			\ _ A dd
			□ Remove
			Change
		······································	Remove
			Change
	·		
			□ Change
			□ Remove
			Change

D. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
Pless	e le sure tochance Houleve Terrain à LLC.
This	e le sure tochange Houkeye Terrain 2 cc.
Then	ks .'
(If an effective date is listed Note: If the date insert	er than the date of filing:
) The 90th day after	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: er the record is filed.
Dated Aug	us+1, 2019
	Signature of a member or authorized representative of a member
	Brian Berg Typed or printed name of signee