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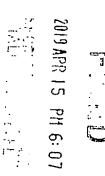
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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R. WHITE APR 18 2019

COVER LETTER

	Registration Sec Division of Corp						
eun m <i>e</i> e	Tropicals of	Palm Beach Property Manage	ement LLC				
Name of Limited Liability Company							
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	ım all correspon	ndence concerning this matter	to the following:				
		Douglas Drummond					
			Name of Person				
		Tropicals of Palm Beach Pr	roperty Management LLC				
			Firm/Company				
		14817 Snail Trail					
			Address	 			
		Loxahatchee, FL 33470					
		iskindive@gmail.com	City/State and Zip Code				
		E-mail address: (1	to be used for future annual report notifi	cation)			
For furthe:	r information co	ncerning this matter, please ca	all:				
Douglas I	Orummond		561 365-0207				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed i	s a check for the	e 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:

the state of the state of

TO:

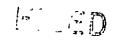
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

(Name of the Limited Liability Company as it now appears on our records.).



Tropicals of Palm Beach Property Management LLC

2019 APR 15 PH 6: 07

(A File	The same statement of
The Articles of Organization for this Limited Liability	y Company were filed on November 13, 2018 and assigned
Plorida document number 1.18000265422	·
This amendment is submitted to amend the following	ŗ:
A. If amending name, enter the new name of the l	limited liability company here:
Tropicals of Palm Beach PM LLC	
The new name must be distinguishable and contain the words "I	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 AD	ODRESS)
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the
entered agent and/or the new registered office a	idaless nere.
Many cof Name Descript and America	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida City: Zip Code

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

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lf an effec <u>Note:</u> Ti	Tthe date inserted in th	e must be specific and car	the applicable sta	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pursua ments, this date will no	nt to 605.0207 t be listed as
	ord specifies a dela 90th day after the		e, but not an e	effective time, al	: 12:01 a.m. on the	e earlier of
Dated _	April 10	. 2	:019	Л		
_				\mathcal{L}		
		Signature of a men	iber or authorized re	epresentative of a men	ber	·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00