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COVER LETTER

Tropical T	rading Company, LLC		
NUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Silva		
		Name of Person	
		Firm/Company	
	100 Edgewater Drive, unit	338	
	Coral Gables, FL 33133	Address	
	thomas@tropicaltradingco.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please co	ıll;	
Thomas Silva		305 815-3503	
Name o	of Person	· - '	e Telephone Number
Enclosed is a check for t	he 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 Stat Certified Copy (additional copy is en-
	ING ADDRESS: ration Section	STREET/COURI Registration Section	

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

Registration Section Division of Corporations

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Tropical Trading Company, LLC

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

(**	I Killdi Etitted I	intentity Company,		
The Articles of Organization for this Limited Liab	oility Company	were filed on July 3	i0th, 2019	
Florida document number L19000194467				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of t	h <u>e limited liab</u>	ility company here	;	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the desi	gnation "LLC" or the al	bbrev
Enter new principal offices address, if applicat	le:			
(Principal office address MUST BE A STREET	ADDRESS)		· 	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u>			
				
B. If amending the registered agent and/or	registered of	Tice address on o	our records, enter	the
registered agent and/or the new registered offic			<u></u>	,
				<u>-</u>
Name of New Registered Agent:				
N Paristant 1 Office A 1 Issue			3	1-
New Registered Office Address:		Enter Floride	i street address	
			Florida	
		City	, Florida	Zij
New Registered Agent's Signature, if changing Re	zistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this change in the change in the recompany has been notified in writing of this change in the change in	and complete rred agent as p gistered office	performance of m provided for in Ch	v duties, and I am j apter 605, F.S. Or,	famili , if thi

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Duke H Lamm	Address
		22420 SW 172 Ct Miami, FL 33170
		
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		[
		

Mective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date to locument's effective date on the Department of State's records. The 90th day after the record is filed. September 16 2019 Signature of a member or authorized representative of a member		
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Made	September 16	2019
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		Mel
	`	Signature of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00