

L19000237186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

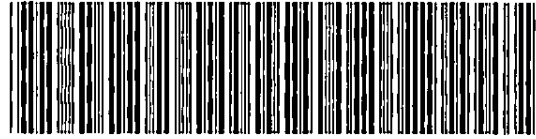
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV -1 PM 1:51
SECRETARY OF STATE
INDIANAPOLIS, IN

Y SULKER
NOV 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

TROPIC OIL COMPANY LLC
9970 NW 89TH CT
MEDELY, FL 33178

SUBJECT: TROPIC OIL COMPANY LLC
Ref. Number: L19000237186

We have received your document for TROPIC OIL COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00021583

2019 OCT 21 AM 11:45

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPIC OIL COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN GOREY
Name of Person

TROPIC OIL COMPANY LLC
Firm/Company

1000 2 NW 89th AVE
Address

MIAMI, FL 33178
City/State and Zip Code

Rmeade@tropicoil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN MEADE at (305) 888-4611
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)

* ALREADY SENT

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**

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

The Articles of Organization for this Limited Liability Company were filed on 09/26/2019 and assigned Florida document number L1900023718.6

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

STEPHEN GARY
10002 NW 89th AVE
MIAMI FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

* ADD - RYAN Meade
10002 NW 89th AVE
MIAMI FL 33178

* ADDITIONAL ADDS

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:

New Registered Office Address:

Enter Florida street address
City Florida Zip Code
2019 NOV - 1 PM 1:51
FILED

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.

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	RYAN MENDE	10002 NW 89th AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID GUNOY	10002 NW 89th AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVE SCOPPETULO	10002 NW 89th AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: 25 OCT 2019 (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 25 OCT 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee