

L20000034847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

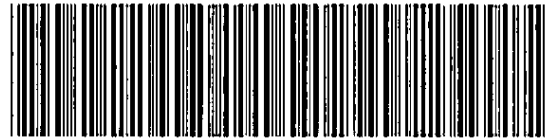
(Document Number)

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DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2020 OCT 20 PM 3:46

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**SUBJECT:** TROPEL LLC

**Please return all correspondence concerning this matter to the following:**

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

Daytime Telephone Number

☐ **\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy**  
(additional copy is enclosed)

**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TROPEL LLC

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

202001 28 11:00

The Articles of Organization for this Limited Liability Company were filed on JANUARY 28, 2020 and assigned  
Florida document number L20000034847.

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:

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.*

**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          | CARLOS DELFINO   | 151 CRANDON BLVD, APT. 124       | <input type="checkbox"/> Add               |
|              |                  | KEY BISCAYNE, FL 33149           | <input checked="" type="checkbox"/> Remove |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | DANIEL FERNANDEZ | 2278 WESTON RD                   | <input checked="" type="checkbox"/> Add    |
|              |                  | WESTON, FL 33326                 | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |
| MGR          | HENRY TORBAY     | 2030 SOUTH DOUGLAS RD, SUITE 209 | <input checked="" type="checkbox"/> Add    |
|              |                  | CORAL GABLES, FL 33134           | <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            |
|              |                  |                                  | <input type="checkbox"/> Add               |
|              |                  |                                  | <input type="checkbox"/> Remove            |
|              |                  |                                  | <input type="checkbox"/> Change            |

4020 UL 20 AM 11:00

(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)

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.

25-11

**DANIEL FERNANDEZ**

DANIEL FERNANDEZ  
Typed or printed name of signee