

L20000103591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

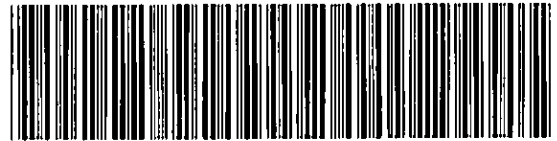
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200370281392

FILED

2021 AUG 17 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 AUG 17 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/17/2021

**\*\*WALK IN\*\***

ENTITY NAME Tropical Luxe Occasions LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*E. R. J. M.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tropical Luxe Occasions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troynique Johnson  
Name of Person

Limited Liability Company  
Firm/Company

1070 montgomery rd unit 2205  
Address

altamonte springs, FL 32714  
City/State and Zip Code

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

For further information concerning this matter, please call:

Troynique Johnson at (305) 205-9251  
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)

**Mailing Address:**

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

**Street Address:**

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

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

**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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 AUG 17 PM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 17 AM 8:21  
SECRETARY OF STATE  
FALLAUX, GREGORY M.

FILED  
2021 AUG 17 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE FL

(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

Dated 08-13, 2021

Troynige Johnson  
Typed or printed name of signer

**Filing Fee: \$25.00**