L20000158796

(F	Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corpo			
	JRGERS LLC		
SUBJECT:	Name of Limited Liability Compan	y	-
	nendment and fee(s) are submitted for filing. ence concerning this matter to the following:		
	Anais Cordero		
	Name of Perso	n	
	Tropic Insurance Inc		
	Firm/Compan	y	_
	5122 Pembroke Rd		
	Address		
	Hollywood, FL 33021		
	City/State and Zip	Code	
	tropicinsuranceinc@gmail.com E-mail address: (to be used for future a	nnual report notification)	-
For further information con	cerning this matter, please call:		: 2
Anais Cordero	786 at (261-8964	2020 AUG 2
Name of F		Daytime Telephone Numb	- 57
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Co (additional cop.)	py Certifi y is enclosed) Certifi	Filing Fee. Cocate of Status & ed Copy nal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) v Company)
The Articles of Organization for this Limited Liability Company were Florida document number L20000158796	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "L.L.C" 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 addre agent and/or the new registered office address here:	ss on our records, enter the name of the new re
	(2) 24 (2)
Name of New Registered Agent:	10.
New Registered Office Address:	Enter Florida street address
	بن ن بن المناطق المنا
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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>	Address	Type of Action
MGR	COLATO, RICARDO	4810 HAINES CIRCLE ORLANDO, FL 32822	□Add
			□Remove
			= Change
			□Add
			□Remove
			Change
			□Remove
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			□Remove
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			□Add
			□Remove
			□Change

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filinote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after the
ated08/03/2020	