## 12000 212/24

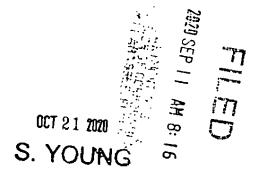
(Red	questor's Name)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	TOUDILAL DETA	ITITNG LLC.	
SUBJECT:	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:	
. Todoo Totalii aii oontoope	moone concerning this matter	to the following.	
	<u>Felix</u>	Martinez - Lo Name of Person	pez
		Firm/Company	<u> </u>
	117 Leon	OA DR Address	
	Sebring	FL, 33875 City/State and Zip Code	<del> </del>
	E-mail address: (0	detailing 1230 to be used for future annual report noti	4 Egmail
For further information c	oncerning this matter, please ca	all;	
FCIIX Name o	Martinez FPerson	at (863) 441 Area Code Daytim	- 1984 te Telephone Number
Enclosed is a check for the	ne following amount:		
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tropical DE	TALLTNG ILL	99 ST 77
(Name of the Limited Liabilit (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L2000212121</u> This amendment is submitted to amend the following:	, · · · ——	7/20/20 = and ssigned
Ü		
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR		signation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florid	a street address
<del></del>		, 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>	Address	Type of Action
_AR_	Lilith R Salorino	117 Lona Dr	🗆 Add
	Sebring, Fl 33875	DRemove	
MGR Felix E Martinez-lapez		®Add	
		□Remove	
		□Change	
		🗆 Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□ Remove
		□ Change	
		🗆 Add	
		Remove	
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
f the recor	d 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 ed.
Dated	September 4th, 2020 Signature of a member or authorized representative of a member
	FClix E Martinez - Lopez  Typed or printed name of signee