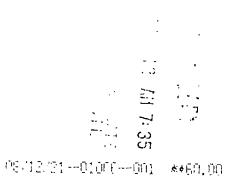
# 121000098635

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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	ibal Dudes 110 Name of Limi	C., ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Robert	J. Pouell Name of Person	<del>.</del> .
	Tribal	Pirm/Company	<u></u>
	2621	N. Old Dixic	- Hwy
	Fort Pierre Robbiel	City/State and Zip Code  Tribaldude.com to be used for future annual report notif	·
D. C. al information			ication)
For further information co	oncerning this matter, please ca		<b>~</b>
Hobert 3.	towell	at (56) 339 -	6400 e Telephone Number
Name of	i i dison	Area code Palyania	Talephone : Amae
Enclosed is a check for th	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tribal Dudes LLC.	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing L 21000098635	ny were filed on <u>and assigned</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	6841 S. Federal Hwy. Port St. Lucie F1 34952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2621 N. Old Diric Hwy Fort Pierce Fl. 34946
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ny Tropeano
New Registered Office Address: 20010	Enter Florida street address
West	Pala Beach Florida 3381
New Registered Agent's Signature, if changing Registered Agen	nt:

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 = Ma $AMBR = Au$	nnager (thorized Member		
Title	<u>Name</u>	Address	Type of Action
MBR	Heidrich, Dylan	1634 W. 9th St Apt 4	🗆 Add
	. (	Riviera Beach A. 3340	4 & Remove
			□Change
Rajolareo	Heidrich, Dylan	613 SE Capon Terrace	
19011		Port St. Lucie F1 34983	Z Remove
			□Change
AMBR	Towell, Robert	6841 5, Federal Hw	¥ ÆAdd
		Brt St. Lucie F1. 349	2□Remove
			□Change
<del></del>			□Add
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			□Change

	Attached	Documen	nts will	explain	the
felonious	Attached	of Mr	Heidrich.		
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ctive date, if ot	her than the date o	of filing:		(optic	onal)
e: If the date inso	erted in this block do-	es not meet the appl	icable statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to 605.02 s date will not be listed
ument's effective	date on the Departm	ent of State's record	ls.		
ord specifies a de	elayed effective date.	but not an effective	time, at 12:01 a.m.	on the earlier of: (b	) The 90th day after th
ed <u>8/10/21</u>	Assust 10/2	<u>)</u> , <u>20</u>	<u> 21</u> .		
· · · · · · · · · · · · · · · · · · ·	$\nu$				
	Thet de	re l	thorized representative		

Filing Fee: \$25.00

## **Statement Of Facts**

Tribal Dudes, LLC, is a sole-member Limited Liability Corporation ("LLC") formed in Dover, Delaware in 2018 by Robert J. Powell, and filed and registered with the Florida Department of Revenue to conduct business in Florida with its annual resale certificate. Mr. Robert J. Powell is and has always been the sole member/manager of Tribal Dudes, LLC.

Mr. Powell's CPA and Registered agent, Anthony Tropeano, created another Tribal Dudes, LLC, with Sunbiz on 3/1/2021. Mr. Tropeano notified Mr. Powell of fraudulent banking activity by Mr. Dylan Heidrich and that Mr. Heidrich, without permission, illegally used the legitimate Tribal Dudes, LLC's name and EIN # from Dover, Delaware to create a Fictitious name "Island Vibes Kava Bar" in Florida. Neither Mr. Powell nor Mr. Tropeano ever gave Mr. Heidrich permission to do this, and pursuant to Section 817.155, Florida Statutes, Mr. Heidrich committed a third (3<sup>rd</sup>) degree felony (in doing so).

Recently, it was also discovered that Mr. Heidrich (with malice) tiled Articles of Amendment to remove Mr. Robert Powell and Registered Agent, Anthony Tropeano, CPA, from the Articles of Organization in Florida for Tribal Dudes, LLC. Florida's Tribal Dudes, LLC, has no EIN # and has never conducted any business in the State of Florida (or any other state for that matter) and has no valuation, to date.

Mr. Heidrich should be removed from any aspect of Tribal Dudes, LLC., its affiliates and affiliations, or likeness in the State of Florida.

Thank you so much for your time and consideration in this matter, and for your anticipated rectification of this issue in a timely manner.

Respectfully submitted,

Robert J. Powell

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS MOTION AND THAT THE PUNISHMENT FOR KNOWINGLY MAKING A FALSE STATEMENT INCLUDES FINES AND / OR IMPRISONMENT.

UNDER PENALTIES O DOCUMENT AND THE FACT KNOWLEDGE AND BELIEF.	F PERJURY, I DECLARE THAT I HAVE READ THIS IS STATED IN IT ARE TRUE TO THE BEST OF MY
Dated: 4-11-2421	ANNA
	ROBERT J. POWELL  Victing
STATE OF FLORIDA	)
COUNTY OF PALM BEACH	) )
Sworn to and subscribed be	efore me in Palm Beach County, Florida by Robert Powell who is
personally known to me or	_ produced as identification on this
day of August 2021.	7 West Ale
MY COMMISSION # HH 640386 EXPIRES: September 2, 2024 Bonded Thru Notary Public Underwriten	Notary Public State of Florida