

121000362101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

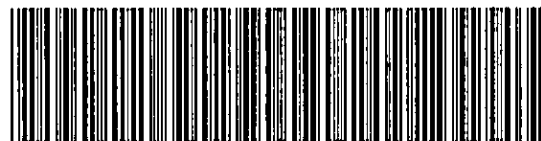
(Business Entity Name)

(Document Number)

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2021 SEP 29 AM 6:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

10/7/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TROPIGALA, 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:

CHRISTIAN FONG, ESQ.

Name of Person

LAW OFFICE OF CHRISTIAN FONG, P.A.

Firm/Company

237 S DIXIE HWY. 4TH FLOOR, SUITE 467

Address

CORAL GABLES, FL 33133

City/State and Zip Code

CHRISTIAN@CFONGLAW.COM

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

For further information concerning this matter, please call:

CHRISTIAN FONG

786 607-3664  
at ( )

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

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

**TROPIGALA, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 8/12/2021 and assigned  
Florida document number L21000362101.

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)**

833 SW 29 AVE

SUITE 8-9

MIAMI, FL 33135

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

833 SW 29 AVE

SUITE 8-9

MIAMI, FL 33135

**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:

237 S DIXIE HWY 4TH FLOOR, SUITE 467

*Enter Florida street address*

CORAL GABLES

*City*

, Florida 33133

*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>
AMBR	CACHALDORA, NICHOLAS	833 SW 29 AVE	<input type="checkbox"/> Add
		SUITE 8-9	<input type="checkbox"/> Remove
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Change
AMBR	CACHALDORA, ALEXANDER	833 SW 29 AVE	<input type="checkbox"/> Add
		SUITE 8-9	<input type="checkbox"/> Remove
		MIAMI, FL 33135	<input checked="" type="checkbox"/> Change
AR	LAW OFFICE OF CHRISTIAN FONG, P.A.	237 S DIXIE HWY	<input type="checkbox"/> Add
		4TH FLOOR, SUITE 467	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33133	<input checked="" 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

*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

(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.

Signature of a member or authorized

Christian Fong, Esq., LAW OFFICE OF CHRISTIAN FONG, P.A., an Authorized Representative

**Filing Fee: \$25.00**