

L21000426274
Florida Department of State
Division of Corporations
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(((H21000391242 3)))



H210003912423ABCY

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ORANGE BUSINESS SOLUTIONS INC
Account Number : I20210000133
Phone : (305)417-9919
Fax Number : (305)938-8087

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 20 PM 1:32

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 OCT 20 PM 2:03

TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROMPA INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

OCT 21 2021

S. PRATHER

COVER LETTER

H21000391242 3

TO: Registration Section
Division of Corporations

SUBJECT: TROMPA INTERNATIONAL 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:

JUAN MERCADAL
Name of Person
OBS
Firm/Company
1444 BISCAYNE BLVD STE 212
Address
MIAMI, FL 33132
City/State and Zip Code
CORP976@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Mercadal
305 4179919
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

Document Number
L21000426274

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H21000391242 3

TROMPA INTERNATIONAL LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 28, 2021 and assigned
Florida document number L21000426274.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, 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

Document Number
L21000426274

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H21000391242 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Guillermo Roca	3500 Coral Way, Apt 808	<input type="checkbox"/> Add
		Miami FL 33145 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Guillermo Roca	3500 Coral Way, Apt 808	<input checked="" type="checkbox"/> Add
		Miami FL 33145 US	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Document Number
L21000426274

Change

H21000391242 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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 requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 08 2021

Guillermo Roca

Signature of a member or authorized representative of a member

GUILLERMO ROCA

Typed or printed name of signee

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