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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT:	TWO IN TO THE Name of Limit	6	
<u> </u>	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Chaurne	EI MF Tadde Name of Person	<u> </u>
	TIOPINI	PRICH. LL C	
	4795 NI	Al 113th terr	nce
	Sunrise	FL 3333.	3
	F-mail address: (10	De used for future annual report no	otification)
For further information co	oncerning this matter, please ca	11:	
SMALLIN-TEL Name of	M(Fadder)	at (954) 50 Area Code Dayti	me Telephone Number
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 ARTICLES OF ORGANIZATION **OF**

FILED

Tropylorid LLC		2021 OCT 27 PH 3: 11
Name of the Limited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	TALL STATE
ne Articles of Organization for this Limited Liability Compan orida document number <u>L21000444884</u> .	y were filed on	0/12/2021 and assigned
nis amendment is submitted to amend the following:		
Berry Queen LLC e new name must be distinguishable and contain the words "Limited Liab		_
nter new principal offices address, if applicable:	mry company and desi	gliation 1950, of the above viation 1950,
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable: **Aailing address MAY BE A POST OFFICE BOX)**		
If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	ords, <u>enter the name of the new regis</u>
New Registered Office Address:	Enter Florida	a street address
	, Florida	
	City	, Florida Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffectiv	ve date, if other than the date of filing: (optional)
an effe lote:	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record Lis file	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 d.
ated	Control of a member of authorized representative of a member
	Signature of a member or authorized representative of a member

Typed or printed name of signee