## L22000090826

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## . COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: E -	1 D Tropical	Distribuior, LLC	<u>.                                 </u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
	dence concerning this matter to		
Please return an correspon	defice concerning and matter a	<u> </u>	
	Dio K.	Chatarpaul Name of Person	
	Eard D	Tropical Distribus	-ors, LLC
	11024 Charu	Ocad Or. Address	
	Riverview. FL	33569 City/State and Zip Code	·····
	dehara	o be used for future annual report notif	com
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Dick. Cha	+arpaul	at (722 ) 492-5	314
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		The COO ON Ullian Coo
S25.00 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 Ad <u>dres</u>	is:	Street Address:	
Registration Section		Registration Se Division of Co	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monre Tallahassee, Fl	oe Street, Suite 810 _ 32303

## ARTICLES OF AMENDMENT., TO ARTICLES OF ORGANIZATION OF

Or man
FILED
(Name of the Limited Liability Company as it now appears on our seeings AM 10: 37
(Name of the Limited Liability Company as it now appears on our weekings) AM 10: 37
The Articles of Organization for this Limited Liability Company were filed on OF STATE and assigned
Plorida document number L22000090826
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, <u>enter the name of the new registered</u> agent and/or the <u>new registered office address here</u> :
agent und/or the new registered with a second property of the new
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address

## 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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Orand K. Chatarpaul	11024 Charmwood Or. Riverview, FL 33569	⊠Add
		<del> </del>	□Change
			□Add
		□Remove	
		<del></del>	□Change
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