L23000049893

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
SUBJEC	Trop.Prise	LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
The englo	sed Articles of	Amendment and fee(s) are sub	mitted for filing				
		indence concerning this matter					
		Thalya Martinez					
			Name of Person				
		Trop.Prise LLC					
			Firm/Company	-			
		3692 tropical point dr				20	
			Address			23 H	•
		st James city, fl,33956				2023 HAR TO AM 8: 20 SHALL TO SEEL FL	
		* === =	City/State and Zip Code) () () () () () ()	0 [-
		trop.prise@gmail.com				AM C	(
			to be used for future annual re	port notification)		3: 2 FL	
For furthe	er information c	oncerning this matter, please co	all:			mi O	
Thalya M	fartinez		305 798- at ()	475 5			
	Name o	f Person	Area Code	Daytime Telephon	e Number		
Enclosed	is a check for th	ne following amount:					
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	660.00 Filing Certificate of Certified Co (additional cop	of Status &	
	Mailing Addres Registration S		<u>Street Ado</u> Registrat	dress:			
	Division of C		Division	of Corporation			
F	P.O. Box 632	7	The Cent	tre of Tallahass	ee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	ility Company as it now appears on our record da Limited Liability Company)	<u>ts.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L23000049893</u>	Company were filed on 1/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)	2021 HAR
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		80 20 E
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
	, Fle	orida
	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 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>	Address	Type of Action		
MGR	Thalya Martinez	3692 tropical point dr, st James city, fl, 33956	• Add		
		· · · · · · · · · · · · · · · · · · ·	□Remove		
			□Change		
ambr 	Thalya Martinez	3692 tropical point dr, st James city, fl, 33956			
			🗆 Remove		
			□Change		
			SEL HAR		
			Remove		
			□Remove		
			□Change		
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			□Remove		
			Change		
			□ Add		
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			Change		

If amending any other infor	nation, enter	change(s) here	:: (Attach additio	onal sheets, if n	ecessary.)	
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Effective date, if other than t fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific a block does not	and cannot be prior t meet the applica	able statutory filing	ore than 90 days af	ctional) ter filing.) Pursuant to 603 his date will not be list	5.0207 (ed as t
e record specifies a delayed effect d is filed.	tive date, but n	iot an effective ti	me, at 12:01 a.m. (on the earlier of:	(b) The 90th day afte	r the
Dated March 6		2023			20; ;;	
		-,	<u> </u>		1023 HAR PECK LA TALLA	q

Filing Fee: \$25.00

Typed or printed name of signee