L23000171975

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
(8	Business Entity Name)
1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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DIRECTOR OFFICE DIVISION OF CORPORALIONS TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co			•
MOHAWE SUBJECT:	K 36 OF CHARLOTTE COUN	TY	
SUBJECT,	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	· ·	
	OREN J SCHNEIDEROV	ITCH	
		Name of Person	
	TROPICAL PROPERTY	INVESTMENT GROUP LLC	
		Firm/Company	
	2711 TAMIAMI TRAIL U	UNIT C	
		Address	
	PORT CHARLOTTE FLO	DRIDA 33952	
		City/State and Zip Code	
	TROPICAL PROPERTY GF	ROUP@GMAIL.COM to be used for future annual report not	30
For further information :	concerning this matter, please co	·	incation)
OREN J SCHNEIDERC		941 204-6658	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)

TO:

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

MOHAWK 36 OF CHARLOTTE COUNTY		
(Name of the Limited Liabili	ty Company as it now appears on our records a Limited Liability Company)	.)
(A Florida	i Limited Liability Company).	C: 57
The Articles of Organization for this Limited Liability C	Company were filed on 04/06/2023	
Florida document number L23000171975	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
MOHAWK36 OF CHARLOTTE COUNTY LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered	l office address on our records, enter t	he name of the new regist
agent and/or the new registered office address here:	<u> </u>	ne manie of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r tortaa street address	
		rida
	Ciţy	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

Title	Name	Address	Type of Action
U6R	DREN J. SCHNEDBRENTCH	27/1 TAM TREUNITC PORT CHARLOTTE, FR 339	(Uxdd
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