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## **COVER LETTER**

	ion Section of Corporations			
	PICANA ENTERPRISE AND INV	ESTIMENTS. LLC		
Name of Limited Liability Company				
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.		
Please return all con	rrespondence concerning this matter	to the following:		
	ROBERT BARRETO			
		Name of Person		
		Firm/Company		
	651 NW 124 ST			
		Address	<del></del>	
	NORTH MIAMI - FL - 33	3168		
	ROBERTMILANUS@GM	City/State and Zip Code		
	<u>-</u>	(to be used for future annual report notification)	_	
For further informa	tion concerning this matter, please o	call:		
ROBERT BARRE	то	786 797-6266 at ( )		
N	ame of Person	Area Code Daytime Telephone Num	nber	
Enclosed is a check	for the following amount:			
<b>■ \$25.00</b> Filing F	ree ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification Copy is enclosed) Certification Certificati	0 Filing Fee, ficate of Status & fied Copy is enclosed	
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address:		
	of Corporations	Registration Section Division of Corporations		
P.O. Box		The Centre of Tallahassee		

Tallahassee, FL 32314

P

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICANA ENTERPRISE AND INVES		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	<u>:ords.</u> )
The Articles of Organization for this Limited Liability (Florida document number L24000282533		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TROPICANA ENTERPRISE AND INVESTMENT, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	202
		-L 3"
C., A.,		Ü
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:	- /	
New Registered Office Address:	/	
-	Enter Florida street ad	dress
		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	i rrom our records:
MGR =	1anager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
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ective date, if other than the	date of filing	(optional)
n effective date is listed, the date mu	st be specific and cannot be prior to date of lock does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0 tutory filing requirements, this date will not be listed
ecord specifies a delayed effectivis filed.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after t
06/27/2024 ted	12:22PM	
21/		presentative of a member

Typed or printed name of signee

# Electronic Articles of Organization For Florida Limited Liability Company

L24000282533 FILED 8:00 AM June 21, 2024 Sec. Of State vherring

### Article I

The name of the Limited Liability Company is:

TROPICANA ENTERPRISE AND INVESTIMENTS, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

651 NW 124 STREET NORTH MIAMI, FL. UN 33168

The mailing address of the Limited Liability Company is:

651 NW 124 STREET NORTH MIAMI, FL. UN 33168

## Article III

Other provisions, if any:

TO DO ALL OR ANY LEGAL BUSINESS IN THE STATE OF FLORIDA

## Article IV

The name and Florida street address of the registered agent is:

ROBERT BARRETO 651 NW 124 STREET NORTH MIAML FL. 33168

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBERT BARRETO

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR ROBERT BARRETO 651 NW 124TH STREET. NORTH MIAMI, FL. 33180 UN

Title: MGR ROSEMERE BARRETO 651 NW 124 STREET NORTH MIAMI, FL. 33168 UN

Signature of member or an authorized representative

Electronic Signature: ROBERT BARRETO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to tile an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L24000282533 FILED 8:00 AM June 21, 2024 Sec. Of State vherring