L05000006623

(Requestor's Name)
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, ,,
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Tropic Gua	rd Industries LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John Hough			
		Name of Person		_
	Tropic Guard Industries L	LC		
		Firm/Company	<u>-</u>	- >
	6727 Clair Shore Drive			19. T
		Address		
	Apollo Beach, FL 33572			
	Getajobslacker@gmail.com	City/State and Zip Code	•	2021 APR 16 MM 10: 33
		to be used for future annual report n	notification)	$\mathbb{F}_{6}^{\mathbb{Z}}$ \mathfrak{S}
For further information c	oncerning this matter, please c	ali:		
John Hough		813 447-3938 at ()		
Name o	f Person	Area Code Days	time Telephone Numb	ir
Enclosed is a check for the	te following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres Registration S	Section	Street Address: Registration S		
Division of C P.O. Box 632		Division of C		
Tailahassee, 1		The Centre of 2415 N. Mon	t Tallanassee roe Street, Suite (810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropic Guard Industries LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company lorida document number 1.05000006623	were filed on 01/21/2005	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:		16
Mailing address MAY BE A POST OFFICE BOX)		200 星 VI
		S 10: 3:
		7. Table 33
3. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		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:

Type of Action

MGR = Manager

AMBR = Auth	norized Member	
<u>Title</u>	<u>Name</u>	Address

MGR	James Hough	29070 WILDLIFE LN	🗆 Add
		BROOKSVILLE, FL 34602	■Remove
			□Change
			□Add
			□Remove
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		<u>ក្</u> បា <u>ម</u>	Change
			□Remove
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lote: If the date inserted in thi	the date of filing: (04/11/2024) must be specific and cannot be prior to date of filings block does not meet the applicable statutor be Department of State's records.		
record specifies a delayed effe Lis filed.	ctive date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th da	y after the
01/11	2024		
()4/11 Pated	•		
Pated (4/11			

Filing Fee: \$25.00