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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
SUBJECT:	Tropic Gua				
SUBJECT:	·		ited Liability Company	<del></del>	
		Amendment and fee(s) are sub			
	·	Robert Kahn, MGR			
			Name of Person		- ~
		Kuuipo Enterprises LLC			
			Firm/Company	-	- ' -:
		13799 Park Blvd N, #115			
			Address		84:5:11
		Seminole FL 33776			8
			City/State and Zip Code	<del>-</del> ·	_
		Mr.Bob.Kahn@gmail.com			
For further in	oformation co	te-mail address: ( oncerning this matter, please c	to be used for future annual report noti	fication)	
Robert Kahn		oncerning this matter, please ca			
		20	813 767-7267 at ()		<del></del>
	Name of	rerson	Area Code Daytim	e Telephone Numbe	r
Enclosed is a	check for th	e following amount:			
<b>≘</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Reg Div P.O	ling Address gistration S rision of Co D. Box 632' lahassee, F	ection orporations 7	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 8	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records. ability Company)	
were filed on June 15, 2005	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
	~
<u></u>	33,
	707
	7. <del>2</del> 7.3
<u>-</u>	<u></u>
address on our records, <u>enter t</u> l	ne name of the new registe
Enter Florida street address	
	.,
, Floi	rida Ziv Code
	ility company here:  lity Company," the designation "LLC" and the designation and the designation "LLC" and the designation

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 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 added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** Address **Type of Action** Remove \_ 🛚 Change \_\_\_\_\_ □Remove □Remove

Title MGR				
Tropic Guard, LLC		······································		
300 N. Center Street, Unit 6				
Casper, WY 82601				
				- <del>1 -                                 </del>
				1
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				<del></del>
		···,		
tive date, if other than the da fective date is listed, the date must be If the date inscreed in this block ment's effective date on the Depa	e specific and cannot be prior to the does not meet the application	o date of filing or more:	(option than 90 days after I quirements, this	lling.) Pursuant to 605.
rd specifies a delayed effective d iled.	ate, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after
November 19	, 2023	<u>.</u> .		