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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

· TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Tropics Real	Estate LLC				
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspond	dence concerning this matter t	o the following:			
		Marlene Graham				
			Name of Person			
		Tropics Real Estate LLC				
			Firm/Company		_	
		589 5th Avenue South				
			Address		_	
		Naples FL 34102				
		City/State and Zip Code				
		mgrahamvip@comcast.net				
			o be used for future annual rep	ort notification)		
For further in	nformation co	ncerning this matter, please ca	dl:			
Marlene Gra	aham / Owner		239 821-9 at ()	046		
	Name of	Person	Area Code	Daytime Telephone Numb	er	
Enclosed is	a check for the	following amount:				
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)	
	ailing Address gistration S		<u>Street Addı</u> Registrati	ress: on Section		
Di	vision of Co	orporations	Division of	of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 29 AU 10: 07 Tropics Real Estate LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ __ and assigned Florida document number _____L10000098778 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Kristi Sue Castle Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Listi Sue Casite Aug 19, 2022

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>	<u>Name</u>	Address	Type of Action
MGR	Kristi Sue Castle	4533 Ossabaw Way, Naples, FL 34119	= Add
			□Remove
			□Change
MGR	Raymond J. Bowie Esq.		□Add
		900 6th Avenue South Suite 104, Naples, FL 34102	=Remove
			□Change
			□Add
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f an eff Note:	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day it the date inserted in this block does not meet the applicable statutory filing requirement iment's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.020 ts, this date will not be listed a
e recor	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier filed.	of: (b) The 90th day after the
Dated	2022 ZO22	
	Signature of a member or authorized representative of a member	<u> </u>
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