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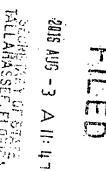
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## **COVER LETTER**

TO:		of Corporations			
CHD (E		pical Development Outfitters LLC			
SUBJE	CI:	Name of Limited Liability Company			
The enc	losed Artic	icles of Amendment and fee(s) are submitted for filing.			
Please re	eturn all co	correspondence concerning this matter to the following:			
		Brenda Renee Box			
		Name of Person	_		
		Tropical Development Outfitters LLC			
		Firm/Company	_		
		2001 SE 33rd ST.,			
		Address		2018	
		Okeechobee, FL 34974		AU6	- Properties
		City/State and Zip Code	E K	1 W	
		tropicaldevelopmentoutfitters@gmail.com	ان ا	$\triangleright$	Gaman
		E-mail address: (to be used for future annual report notification)	55	A II: ₩	ب
For furt	her informa	nation concerning this matter, please call:		1 <del>1</del>	
Brenda	Renee Box	ex 863 801-2147 at ( )			
	N	Name of Person Area Code Daytime Telephone Number	er	_	
Enclose	d is a checl	ck for the following amount:			
\$25	.00 Filing I	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified Copy	ate of S	Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropical Development Outlitters LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L16000109927	were filed on June7, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		)
<del></del>	, Flo	rida 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 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>	<u>Address</u>	Type of Action
AMBR	Dhana Striebel	583 SE 37 Terr. Okeechobee, FI 34	
			☐ Remove
			□ Change
AMBR	Gary Box		
		2001 SE 33rd S'Γ., Okeechobee FL	■ Remove
			Change
			□ Add
		<del></del>	Remove ACC Change
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te: If the date inserted in this blument's effective date on the D	ock does not n	neet the applica	able statutory fi				
Jument 3 circuite date on the B	cpuriment of c	nate 3 records.					
record specifies a delayed	l effective o	late, but no	t an effective	e time, at 12:	01 a.m.	on the	eariier
he 90th day after the rec				•			
Juna 20		2016					
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Filing Fee: \$25.00