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COVER LETTER

Tropical Escapes Pool Builders LLC UBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Cody Brown Name of Person Tropical Escapes Pool Builders LLC Firm/Company 9016 Hogans Bnd Address Tampa, FL 33647 City/State and Zip Code aqua.designs247@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ody Brown Daytime Telephone Number Name of Person iclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

O:

Registration Section
Division of Corporations

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 Escapes Pool Builders LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on Liability Company)	our records.)		
ne Articles of Organization for this Limited Liability Company orida document number <u>L18000209664</u> .	were filed on $\frac{08/31/2}{}$	and assigned		
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	nility company here:			
A	mer company nere.			
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	N/A	18 18		
rincipal office address MUST BE A STREET ADDRESS)	 -	00 - m		
		2000		
		:: -Р. (П		
ter new mailing address, if applicable:	N/A			
failing address MAY BE A POST OFFICE BOX)		<u></u>		
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her		r records, <u>enter the name of the ne</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Eleviste	tunit adding		
	Enter Florida street address			
	City	Florida		
w Registered Agent's Signature, if changing Registered Agent:	:			
w Registered Agent's Signature, if changing Registered Agent are reversely accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ing filed to merely reflect a change in the registered office mpany has been notified in writing of this change.	- ree to act in this capa performance of my oprovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is		
If Cha	nging Registered Agent.	Signature of New Registered Agent		

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
GR	Cody Brown	9016 Hogans Bnd Tampa, FL 33647	= Add
			Add
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			Change
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ctive date, if other than the (date of filing:be specific and cannot be prior to date of	(0	ptional)	
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior to date of ck does not meet the applicable stati	tiling or more than 90 days a atory filing requirements,	ifter filing.) Pursua this date will no	int to 605,020 t be listed a:
iment's effective date on the De	partment of State's records.			
ecord specifies a delayed ne 90th day after the reco	effective date, but not an effird is filed.	rective time, at 12:0	1 a.m. on the	e earlier o
October 15	2018			
	Call By			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00