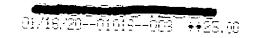
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COVER LETTER

TÖ:	Registration Section Division of Corporations
SHRH	SCT. TROPICAL TRANSPORTS 2418 10485 LLC
SCDSI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
	return all correspondence concerning this matter to the following:
	retain an correspondence concerning this matter to the following.
	ANTOINE I HOMAS.
	Name of Person
	Firm/Company
	90 50 7
	9850 ROYAL PALM BLVE
	Address
	City/State and Zip Code City/State and Zip Code IROPICAL IRANSPORTS AND LOURS @ GMAIL.COM
	City/State and Zip Code
	I ROPICAL IRANSPORTS AND LOURS @ GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
1	
7^	Name of Person at (216) 7/2-8/02 Area Code Daytime Telephone Number
	Name of Person
Enclose	this a check for the following amount:
S2:	5.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROPICAL RANSPORTS	5 AND LOURS, LAC.
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on
Florida document number <u>L 190 00 2 9 0</u> 65	52
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	
	- C 627.NI
Enter new mailing address, if applicable:	1 6
(Mailing address MAY BE A POST OFFICE BOX)	
manufacture DE 11 1 OST OTTICE DOTY	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

Af 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 Type of Action MAGER ANTOINE IHOMAS 9850 POYAL TALM BLYD Add CORAL SPRINGS FL 33065
Remove 1 A NESHA GRASTER- HOMAS 9850 ROYAL PALM BAVD SADD CORAL SPRINGS + L 33065 DRemove __ 🗆 Change ___ □ Change \square Add Remove \square Add

_ □Remove

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an effect tote: If	date, if other than the date of filing:
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record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record s	1-14 2019.
record s	