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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/17/2021	⇔µ.	ALK IN**
ENTITY NAME Tropical	I Luxe Occasions LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXX	Plain Copy Certified Copy Certificate of Status	
P	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	_
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: 120160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so much.	/

COVER LETTER

TO: Registration Section Division of Corporations	
	Name of Limited Liability Company
The enclosed Articles of Amendment and f	ec(s) are submitted for filing.
Please return all correspondence concerning	
Tro	Name of Person
_Lin	Firm Company Conform
-0.70	montgomen od wit 22015
altan	city/State and Zip Rode
istai_	all address: (Tobe used for future annual report notification)
For further information concerning this matt	er, please call;
Transpirate Solveson Name of Person	at (SOS) 7 OS - 97 S Area Code Daytime Telephone Number
Enclosed is a check for the following amount	t :
\$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Z	ip Code	
	- C11	, Florida		·
men megametes office (Maness.	Enter Florida stree	t iddress	·—	
New Registered Office Address:				-
Name of New Registered Agent:				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name of	the ne	w registered
				-
(Mailing address MAY BE A POST OFFICE BOX)			2 2	
Enter new mailing address, if applicable:		(मे में) 		
D			7 /	
		<u> </u>		**************************************
(Principal office address MUST BE A STREET ADDRESS)			_ 	
Enter new principal offices address, if applicable:	<u> </u>		2021	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbrev	iation "I	L.IC."
Tropical Coxe bids				
A. If amending name, enter the new name of the limited lis	ability company here:			
This amendment is submitted to amend the following:				
Florida document number (7,000)03591	`	·		
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>UN</u>	5/2020	and a	ssigned
(Name of the Limited Liability Com (A Florida Limite	i pany as it now appears on ou ed Liability Company)	r recorus.)		
(Name of the Limited Linkship Com	25,205 ((C	r records.)		

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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			Remove
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record specifies a delay is filed.	yed effective date, l	but not an	effective t	ime, at 12:0	l a.m. on the	e earlier of: (b) The 90	Oth day a	fter the
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Filing Fee: \$25.00