L21000135043

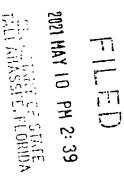
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COVER LETTER

	egistration Sec vision of Corp		•	•
SUBJECT	: TROPI-K	OOL, LLC	ited Liability Company	
		Name of Chin	ica maoniny company	
The enclose	ed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please retu	n all correspor	ndence concerning this matter	to the following:	
		Processing Departmen	nt	
			Name of Person	
			Firm/Company	
		1450 Vassar		
			Address	
		Reno, NV 89502		
			City/State and Zip Code	
		returndocs@inca		
		E-mail address: (to be used for future annual report notific	eation)
For further	information co	oncerning this matter, please co	all:	
Drogoni	ng Departme	ant.	at (800) 638-2320	
riocessi	Name of			Telephone Number
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		e following amount:	Eleccione el la	5 8 6 8 8 8 8 8 8
☑ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	MATI	ING ADDRESS:	STREET/COURIE	R ADDRESS:
	Registr	ation Section	Registration Section	
	Divisio	n of Corporations	Division of Corpora	tions

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TROPI-KOOL, LLC	
(Name of the Limited Lia (A Flo	billty Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L21000135043</u>	y Company were filed on 03/23/21	and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the l	limited liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	SSS O
		ma PH
		5: 5:
Enter new mailing address, if applicable:		2: 39 2: 39 1) [E] 10 RID
(Mailing address MAY BE A POST OFFICE BOX))	······································
Printing united to the control of th		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	6 - 6 - 1	
	Enter Florida street address	
	, Flo	
	City	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 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>	Name	Address	Type of Action
MGR	Mikael Andre Butler	609 Nw Cardinal Dr	□ Add
		Port St Lucie, FL 34983	Remove
			☐ Change
			QAdd ASS 81
			□ Bemove □
			Change The Change
******			2239 LONDA
			Remove
·			□ Change
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Па

m:	04/26/2021 13:32 #733
amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
	2021 TAL
	A A
	SSI
	F.O. 2
	39 RID
	<u> </u>
ffective date, if other than the date of filing	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
	teet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department of S	
e record specifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
1 1 0 1 h	
Dated April 26th,	2021
W.	2021
The same of the sa	
Signature of a n	member or authorized representative of a member
	Mikael Andre Butler
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00