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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Trop	ic Painting Se	TVICES LLC mited Liability Company	· · · · · · · · · · · · · · · · · · ·		
	Amendment and fee(s) are sulpndence concerning this matter	-			
	Mary MeD	Name of Person			
		Firm/Company			
	7901 4th St.	. N. Suite 300 Address			
	St. Petersburg	FI 33702 City/State and Zip Code			
	Tropic Painting E-mail address (Services & Gracil to be used for future annual report noti	itication)	2.21)
Many MCD	oncerning this matter, please c	all: 37/407 \ 594	- Hlo710		1 2
Name o	f Person	all:at (보이)5역시 Area Code Daytim □ \$55.00 Filing Fee & Certified Copy	e Telephone Number	^ II: 2	· 1 フ
Enclosed is a check for the S25.00 Filing Fee	ne following amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C		
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations	0	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropic Painting So	ervices LLC oility Company as it now appears on our records.) ida Limited Liability Company)
(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 5 13 2021 and assigned
Florida document number L21000 222418	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	- 3 1 1 50 - 1
New Registered Office Address:	> ./
	Enter Florida street address
<u></u>	Florida
	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>	<u>Name</u>	Address	Type of Action
AMBR	John Williamson	3981 Shine Dr. Kissimmee F1 34747	\(\int \text{Add} \)
			□Remove
			□Change
			□Add
			□Remove
			□Change
			<u> </u>
			Remove Change All: 2
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