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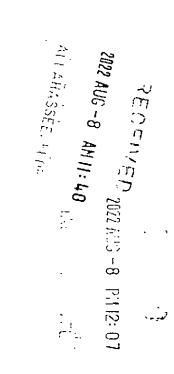
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Tropical Sea Properties, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ross Connell Name of Person	
FirmeCompany	
1905 NW 137th Terr.	
Pen broke Pines, FL 33028 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rame of Person  Area Code  Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed 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 (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ŀ
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

	Ì			- 2022 AUG - 8 - PH 12: 01
(Name of the Limited	Ses Liability Comp Florida Limited	Properties L pany as A now appears on our r (Liability Company)	ecords.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liab		y were filed on $\frac{7}{I}$	<u>/2041</u>	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited lia	bility company here:		
The new name must be distinguishable and contain the word	is "Limited Lial	oility Company," the designation	"LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			·
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, <u>e</u>	nter the n	ame of the new registered
Name of New Registered Agent:	-			
New Registered Office Address:				
		Enter Florida street a		
		Ciry	Florida	Zip Code
		CHY		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 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 Type of Action <u>Address</u> <u>Title</u> Name Equity Asset, LLC 1718 Capital Ave. 18 Add Cheyenne, WY 82001 DRemove AMBR RUSS S. COMMEN 1905 NW 137th Tell. EAdd Pumbrohe Pines FL 33078 XRemove 1905 NW 1374 Tell. DAdd AMBR Lourie K Connell Pembroke fines, FL 33028 & Remove \_\_\_ □Change ☐ Change \_\_\_\_\_ □Change

□ Change

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an effective da <u>Sote:</u> If the d	ite is listed, the dat late inserted in th	te must be specific his block does no the Department of	and cannot of meet the	be prior to da applicable	te of filing or mo statutory filing	re than 90 days	after filing.) Pt	irsuant to 605 020 I not be listed as
record special	fies a delayed eff	fective date, but	not an effe	ective time,	at 12:01 a.m. o	n the earlier c	of: (b) The 9	Oth day after the
Dated A	ugush	Ress Signature	<u> </u>	100				
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Filing Fee: \$25.00