Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000193157 3)))



H220001931573ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

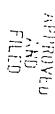
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL D & D INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

122 Jun- 2 AM 9: 30



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL D & D INVESTMENTS	LLC	
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lie Plorida document number L22000130770	ability Company were filed on 03/15/2022	2 and assigned
his amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w		
Enter new principal offices address, if applica		
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records ss here:	, enter the name of the neweregisters
Name of New Registered Agent:		一一一
New Registered Office Address:	130 LEE BLVD # 1 Enter Florida stre	set address
	LEHIGH ACRES	, Florida <u>33936.</u> ப
	City	Zip C oxi e

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Denisley Tabares	130 LEE BLVD # 1	= Add
		LEHIGH ACRES, FL 33936	□Remove
			□ Change
		·	□Add
			□Remove
			CIChango
			□Add
		<u> </u>	□Remove
			□Add
			[]Remove
	,		Change
		□Add	
			□Remove
			Change
			□Add
			Remove
			□Change

			
			-
	<u></u>		
	······································		
			
ffective date, if other than the da	te of filing:		(optional)
an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to does not meet the applicable	ate of filing or more than 90 day	vs after filing.) Pursuant to 605,0207 (
record specifies a delayed effective da is filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ated May 27	, 2022		
X XVII AND	TT .		

Typed or printed name of signee