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COVER LETTER

TROPICAL SVO	Name of Lin	•			
The enclosed Articles of Amer Please return all correspondent	Name of Lin ndment and fee(s) are sub ce concerning this matter RANDI N LAHR	binitted for filing. to the following:			
Please return all correspondence	RANDI N LAHR	to the following:			
·	RANDI N LAHR				
B		Name of Person			
_	ROPICAL SVCS LLC	Name of Person			
	ROPICAL SVCS LLC				
Ţ	-				
_		Firm/Company			
T.	710 E MCBERRY ST				
_		Address	 .		
т	AMPA, FL 33610				
_	City/State and Zip Code				
TR	COPICALSVCS@GMAI	L.COM (to be used for future annual		 	
Car Early of Carlo			report nouncation,	1	
For further information concer	ning this matter, please c	:aH;			
BRANDI N' LAHR		813 695 at ()	5-1694		
Name of Perso	on	Area Code	Daytime Teleph	none Number	
Enclosed is a check for the foll	owing amount:				
≅ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Ad	ldress:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TROPICAL SVCS LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/24/2023	and assigned
Florida document number L23000044951		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company." the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7AS
Enter new mailing address, if applicable:		2023 SECF ALLL
(Mailing address MAY BE A POST OFFICE BOX)		ARE AY
		SSEA
		The British
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
agent and or the new registered office address nere:		RIDA RIDA
Name of New Registered Agent:		2 7
New Registered Office Address:	Province Part of the Control of the	
	Enter Florida street addre	253
	, F	lo rida Zip Code
		zip Coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RANDAL J PLOCH	17926 NW 29TH PLACE, NEWBERRY, FL 32669	\ \ \ \ \ \ \ \ \ \
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is tiled. Dated _ MAY 24TH 2023 Brust: 2. Signature of a member or authorized representative of a member BRANDI N LAHR Typed or printed name of signee

Filing Fee: \$25.00