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.

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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 : INCFILE.COM LLC Account Number: I20220000070

: (888)462-3453

Fax Number : (877)919-2613

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

Email Address:

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPIC STAYS LLC

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Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

HelpJUN 2 6 2023

COVER LETTER

TO: Registration Section **Division of Corporations** TROPIC STAYS LLC SUBJECT: 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60,00 Filing Fee. \$25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

TROPIC S	STAYS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear: Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited Liability Company lorida document number		03/01/2023	and assigned
nis amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited Hat</u>	oility company he	<u>re</u> :	
ROPIC GROWTH PARTNERS LLC			
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
			
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office	address on our re	cords enter the ha	me of the new register
ent and/or the new registered office address here:	audi ess vii vui re	enter the the	72
			' -
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			- C
	Enter Flori	da street address	· · · · · · · · · · · · · · · · · · ·
		, Florida <u>-</u>	•••

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
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			□Add
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		Signature of a men	ուսա ու այլիորչ	ea representative	orgymember		

Filing Fee: \$25.00

Typed or printed name of signee