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COVER LETTER

TO: Registration Section Division of Corpo		ust	
SUBJECT;	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Derek (Name of Person	
	Gulf (TOUST WUST	ing_
		Address	
	Naples	FL 34109 City/State and Zip Code	20 20
	E-mail address; (City/State and Zip Code () Oth Sc	Con III
For further information con	scerning this matter, please c		221
Name of I	CFC Person	at (759) 215 Area Code Daytime	- 4047 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

Cult (cast Na	Thing IC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now a Limited Liability Com	appears on our recor pany)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability C	Company were filed o	on 4/22/2	<u> </u>	und assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim					
Tropics Presure W The new name must be distinguishable and contain the words "Lim	nited Liability Company,	" the designation "LLC	C" or the abbrevia	tion "L.L.C	2 25
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)			~>	
			-(1 .:	<u></u>	
			-:	5 7) ; £1	• •
Enter new mailing address, if applicable:				<u> </u>	·
(Mailing address MAY BE A POST OFFICE BOX)				7.2	
				1 2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on	our records, <u>ente</u> s	r the name of t	<u>he new r</u>	egistered
Name of New Registered Agent:	<u>.</u>				
New Registered Office Address:					
·	fint	er Florida street addre	SS		
		, F	lorida		
	City		Zij) 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			ElChange
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			□Remove ∴ ∴ ∴ ∴ ∴ ∴ □Change
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ite of filing or more than 90 days after filing.) Pursuant to 60	
record specifies a delayed effective date, but not an effective time, a d is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated April 24 2023		
	, .	
Signature of a member or authorized	Trepresentative of a member	