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COVER LETTER

Division of Corporations
SUBJECT: TROP, CAL MANDGEMENT SOLUTIONS, 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:
Willie C. Cooks Je
TROPICAL MANAGEMENT Solutions, LIC
2317 SHOMA LAWE
Royal Prin BEACH FL 33414 City/State and Zip Code
tropical management Solutions agmail. com
For further information concerning this matter, please call:
Willie C. Cooks Jr. at (561) 267-2530 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsquare \$55.00 Filing Fee & Certified Copy (additional copy is

Registration Section

TO:

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

TROPICAL MANAGEMENT SOLUTIONS, L.L.C.

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 23000348 37</u> .	were filed on $07/24$	12023 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "Ll	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		5: 52 ORIDA			
	Enter Florida street address				
New Registered Agent's Signature, if changing Registered Agent:	City	, Florida Zip Code			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is			

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 Title Name Address MGR Willie C. Cooks 2317 SHOMA LAWE VADO Koyal Palm Barch FL Remove MGR SONTA R. ROBINSON 2317 SHOMA LAWE Add Royal Palm Bearly FL | Remove 33414 ∴ □ Add □Remove _____ □Add ___ □ Remove □ Change \Box Add _____ □Change \square Add Remove

						
						
						
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Effective date, if other if an effective date is listed, a Note: If the date inserted document's effective dat	he date must be spec I in this block doe	ific and cannot be present the app	licable statutory fi	r more than 90 days at	otional) fler filing.) Pursuar this date will not	nt to 605.0207 be listed as
e record specifies a delay rd is filed.	ed effective date, b	out not an effective	e time, at 12:01 a.i	n. on the earlier of:	(b) The 90th d	lay after the
Dated July	26	_302	3			
	Signath	LUL C	. Coloks athorized representati	ive of a member		
				,		

Filing Fee: \$25.00