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## **David Bagnell**

(309)-275-9385

### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

() P 1 P 2 P 2 C 2 (P)	rrent Properties, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David Bagnell			
		Name of Person		
	Tropica Current Properties	s, LLC		
		Firm/Company		
	200 Kissengen Park Dr.			
	·	Address		
	Bartow, Florida 33830			
	david.bagnell@gmail.com	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
David Bagnell		309 275-9385		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration ( Division of C		ū	Registration Section Division of Corporations	
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropica Current Properties, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on March, 10th 2024	and assigned
Florida document number L24000121127		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Tropical Current Properties, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		77
		7024
Enter new mailing address, if applicable:		70
(Mailing address MAY BE A POST OFFICE BOX)		- 151
	<del>-</del> -	
		م بند
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the n</u>	ame of the new registere
agent and/or the new registered office address here:		••
Name of New Posistered Agents		
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
	City	Zip 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>	Name	Address	Type of Action
			□Add
			□Remove
		<del></del>	□ Change
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Filing Fee: \$25.00