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(Requestor	s Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TROPICAL SUNSETS 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:	
Name of Person TROPICAL SUNSETS LLC Firm/Company	
554 13 th Ave NE	
City/State and Zip Code Styline graffix.com E-mail suress: (to be used for futur annual report politication)	
For further information concerning this matter, please call:	
CREGORY 5 DAVIS at (727) 424-8315 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	

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

Francisco President

TROPICAL SUNSETS	LLC	ILED
(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)	-2024 HAY -3 AM 8: 40
The Articles of Organization for this Limited Liability Company Florida document number 424000 145326	were filed on $3/25/20$	and assigned TATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" 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 agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

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
MBR	GREGORY S DAVIS	556 13th AVE NE	□ Add
		ST. PETERSbury FE 3	370 Remove
			E X Change
MOR	JAMIE N DAVIS	554 13th AVE NE	🗆 Add
		ST- PETERSby FZ 3370	/ Exkemove
		Janus Daves	□Change
		/	🗀 Add
			□Remove
			□Change
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(If an effective date Note: If the da	, if other than the date is listed, the date must be te inserted in this block ective date on the Depar	specific and cannot be does not meet the a	pplicable statutor	ig or more than 90 days		
If the record specific record is filed.	es a delayed effective da	te. but not an effect	ive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	rafter the
Dated 1hv	ISDAY MA	12,20	24			
						_
	-	nature of a member or	authorized represe	ntative of a member		
		TEX 60 E	printed name of sig	gnee		_

Filing Fee: \$25.00