

L24000145326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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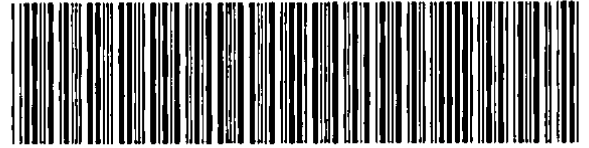
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/24--01006--005 **80.30

FILED

2024 MAY -3 AM 8:40

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

RECEIVED

2024 MAY -3 AM 8:26

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

Handwritten signature

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:

GREGORY S. DAVIS
Name of Person

TROPICAL SUNSETS LLC
Firm/Company

554 13TH AVE NE
Address

ST PETERSBURG, FL 33701
City/State and Zip Code

gsd@skylinegraffix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY S 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 &
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:

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

TROPICAL SUNSETS LLC

FILED

~~2024 MAY -3~~ AM 8:40


This amendment is submitted to amend the following:

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>GREGORY S DAVIS</u>	<u>556 13TH AVE NE</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33701</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>JAMIE N DAVIS</u>	<u>556 13TH AVE NE</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33701</u>	<input checked="" type="checkbox"/> Remove
		<u>Jamie Davis</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change GREGORY S DAVIS FROM
MGR (MANAGER) TO AMBR (AUTHORIZED MEMBER)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated THURSDAY MAY 2, 2024



Signature of a member or authorized representative of a member

GREGORY S DAVIS

Typed or printed name of signee