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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL HOUSES OF SOUTHWEST FLORIDA LLC

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T.1 - ---/ AUG 30 2.21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tropical Houses of Southwest Florid	a ELC I Llability Company as it gow appears on our re A Florida Limited Liability Company)	cords.)
(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Lia	ability Company were filed on May 10, 202	and assigned
lorida document number L24000212003		
his amendment is submitted to amend the follo		
. If amending name, enter the new name of	the limited liability company here:	
romical Houses of SWFL LLC		2
Tropical Houses of SWFL LLC The new name must be distinguishable and contain the w	•	"LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE		
		IZ:
		ω
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the new regist
agent and/or the new registered office addre	ss here:	
	• •	
	Matthew Robertson	
Name of New Registered Agent:		
	7191 Cypress Lake Dr. Ste 3 #102	
Name of New Registered Agent:	7191 Cypress Lake Dr. Ste 3 #102	t address
Name of New Registered Agent:	7191 Cypress Lake Dr. Ste 3 #102	t address

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 confurn that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Spinature 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

Litle	Name	Address	Type of Action
Manager	Michelle Robertson	7191 Cypress Lake Dr Ste 3 #1022	DVqq .
		Fort Myers, FL 33907	Remove
			Change
,			□Add
			☐ Change
			□Add
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:			: □Add
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			□Remo
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
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-4-4		
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Masas	(optional) ective date, if other than the date of filing: (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	.020° ed a:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
	2021	
	Augusi 28 2024 Molober Con	
cord is fi	August 28 Signature of a member or authorized representative of a member	