

NO6 00000 6320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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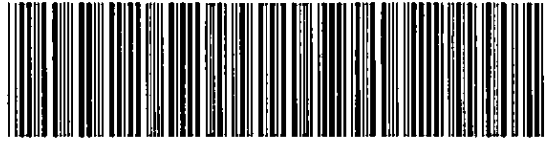
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/20--01016--015 **43.75

2020 APR 23 AM 10:44
DIVISION OF REVENUE

Q141
5/11/20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TROPNEVAD 22 INC. _____

DOCUMENT NUMBER: N06000006320 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Davenport

(Name of Contact Person)

TROPNEVAD 22 INC.

(Firm/ Company)

1841 NW 24th TERRACE

(Address)

FORT LAUDERDALE, FL 33311

(City/ State and Zip Code)

tropnevad22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Davenport

954

632-8587

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

TROPNEVAD 22 INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000006320

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1841 NW 24th Terrace,

Fort Lauderdale, Florida 33311

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Brenda Aldana

15232 SW 54th Street

(Florida street address)

New Registered Office Address:

Miramar

(City)

Florida 33067

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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SECRETARY OF STATE
DIVISION OF REVENUE
2020 APR 23 AM 10:44

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Enid Lewin</u>	<u>1841 NW 24th Terrace</u> <u>Fort Lauderdale, FL 33311</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Michelle Minto</u>	<u>6475 NW 77th Place</u> <u>Parkland, FL 33067</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ED</u>	<u>Monaterra Bethel</u>	<u>5999 NW 42nd Avenue</u> <u>N. Lauderdale, FL 33068</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/CEO</u>	<u>Michelle Davenport</u>	<u>1841 NW 24h Terrace</u> <u>Fort Lauderdale, FL 33311</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>COO</u>	<u>Lerigymps Elveus</u>	<u>1200 Brickell Bay Drive</u> <u>Miami, FL 33131</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AR</u>	<u>Brenda Aldana</u>	<u>15232 SW 54th Street</u> <u>Miramar, FL 33067</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

7) ADD	<u>S</u>	<u>Enid Lewin</u>	<u>1841 NW 24th Terrace, Ft Laud FL 33311</u>

MISSION STATEMENT

Our mission is to assist our inner-city communities and other states and countries in creating the best possible outcome for the service we overtake on their behalf and to provide positive leadership and services through our efforts and through the creative skills of our team. Our company was born to be a company that deals with the basic needs of our children and families, as well as the root cause of their dilemmas, to represent a conglomerate of agencies that specializes in providing culturally competent service throughout our communities, states, and countries. Tropnevad 22 INC, is working as your voice and culture promoter, to present and to contribute to communities and become agents of positive change. It's really about coming together to inspire each other to take on a personal and community responsibility, now more than ever with pandemics and viruses currently prevalent over our communities. But with the situation so dire, "It's going to take a multipronged effort by everyone in the community that cares, to come together in unity!" Tropnevad 22 INC is firmly one of those companies that care.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

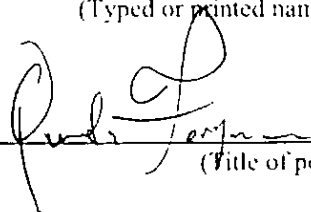
Dated 04-22-2020

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Quisha Ferguson

(Typed or printed name of person signing)

Vice President



(Title of person signing)