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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tropical Casis Express, Inc						
DOCUMENT NUMBER: P13000050037						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Trevor Fscoffery Jr Name of Contact Person Tropical Dasis Express Firm/ Company 7009 Stirling Rol Apt 7301 Address Davie FL 33314 City/ State and Zip Code						
Tropical Oasisex pressegmal. (om E-mail address: (to be used for future annual report notification)						
or further information concerning this matter, please call:						
Name of Contact Person at (786) 304 - 972 Name of Contact Person Area Code & Daytime Telephone Num	3 1her					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED
Iropical Uasis Express INC
(Name of Corporation as currently filed with the Florestan Depth of State) 3: 30
P + S(X)UU + SUU + ST
(Document Number of Corporation (if known) Ala ASSEE, ILGRICA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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 Trevor Escoffery Jr
7009 Stirling Rd Apt 7301 (Florida street address)
New Registered Office Address: Davie Florida 33314
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Jam familiar with and accept the obligations of the position.
The state of the s
Signature of New-Registered Agent, if changing

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:		ny simur, sy us un nuu.	
X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Trevor Escoffery Jr	7009 Stirling Rd ##
Add Remove			Davie, FL 33314
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	•	heets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: $\frac{9/14/18}{}$, if other than the
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, thi document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendm by the shareholders was/were sufficient for approval.	pent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	:r
Dated 9 14 18 Signature	
(By a director, president or other officer≤if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Trevor Escoffery Jr (Typed or printed name of person signing)	
President	

(Title of person signing)