P140000 76474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Tropical ment mucket, INC DOCUMENT NUMBER: P 140000 76474			
DOCUMENT NUMBE	r: <u>7 1400</u>	on 76474	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Yazan	Musa	
_	7.02	Name of Contact Person	
		Firm/ Company	
4019 W. Hillsmorough Are Address			
	Tampi	FL 3361	<u>~</u>
		City/ State and Zip Code	ė
_	ノムていへ E-mail address: (to be us	ed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Yazan	Mysu	ar(_8\3	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made [payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	currently filed with the Florida Dept.	
Tropical went market, in	1c Doc # 140000	76474
(Document)	lumber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	ites, this <i>Florida Profit Corporation</i> add	opts the following amendment(s)
A. If amending name, enter the new name of the corpor		
HURACAN Ment moname must be distinguishable and contain the word "corpor	rket 2, INC	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation na	or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		ne of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	(City)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed 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

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

' 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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
f) Change	C	TASAN MIS	10428 Alcon blue Dr Riverview, Fr
Add			Riverview , Fr
X Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if nec	essary). (Be specific)			
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				<u>- " </u>
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4 .		· · · ·		
in amendment provides fo	r an exchange, reclassificati	on, or cancellation of iss	aued shares,	
ovisions for implementing	the amendment if not conta	ined in the amendment	<u>itself:</u>	
(if not applicable, indicate	UN/A}			
<u></u>				
				

	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirer artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the licient for approval.	amendment(s)
	oved by the shareholders through voting groups. The folloach voting group entitled to vote separately on the amena	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedSignature(By a direction)	20 21 Label Mer ector, president or other officer – if directors or officers ha	ave not been
	by an incorporator – if in the hands of a receiver, trustee, d fiduciary by that fiduciary)	or other court
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	