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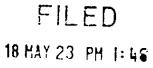
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARKET 27, INC	5.	<u>_</u>
	BER: P18000045052		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	David B. Pleat		
		Name of Contact Person	n
	Pleat & Perry, P.A.		
	 	Firm/ Company	
	4477 Legendary Drive, Suite	. ,	
	<u> </u>	Address	
	Destin, FL 32541		
		City/ State and Zip Code	e
there	sa@pleatperry.com		
	• • •	sed for future annual report	notification)
			,
For further information	on concerning this matter, pleas	se call:	
David B. Pleat		at (<u>850</u>	650-0599
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose ·)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MARKET 27, INC.	ŞEMERALY ÇE STATE
(Name of Corporation	as currently filed with the Florida Dept. of State)
P1800005052	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
D. Enton new mineral office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	Tice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. Let	tered Agent: am familiar with and accept the obligations of the position.
	and accept the congulations of the position.
Signati	ure 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 nevessary)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Kelley Dodson	36 Creek Court
Add	-		Santa Rosa Beach, FL 32459
X Remove			
2) Change	P	Christopher Dodson	36 Creek Court
X Add			Santa Rosa Beach, FL 32459
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
St. Chanus			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
/A		
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<u> </u>		
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- 		
	 	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(ij noi applicable, inaicale N/A)		
		
		
	-	
		•

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 amendmen	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this 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 cast to by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approve	al
by	
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ction and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated 5-22-18	
Signature Kelley Dodsen	,
(By a director, president of other officer - if directors or offi	
selected, by an incorporator — if in the hands of a receiver, tappointed fiduciary by that fiduciary)	rustee, or other court
Kelley Dod San (Typed of printed name of person signing	
(Typed or printed name of person signing	3)
President	
(Title of person signing)	