P940000 11081

(Re	equestor's Name)		
(Address)			
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DEPARTMENT OF STATE
JIVISION OF CORPORATION
TALLAHASSEE, FLORIC,

120 JAN -6 AM 7: 15

FILED

FEB 03 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLOR	DA HURRICANE PRODUCTS INC
DOCUMENT NUMBER: P94000017	
The enclosed Articles of Amendment a	d fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
TIMOTHY S FO	GARTY
	Name of Contact Person
FOGARTY BUS	INESS SOLUTIONS LLC
	Firm/ Company
16125 SHADY I	ILLS RD
	Address
SPRING HILL,	L 34610
	City/ State and Zip Code
FOGARTYBUSINESS	SOLUTIONS@GMAIL.COM
	ss: (to be used for future annual report notification)
For further information concerning this	matter, please call:
TIMOTHY S FOGARTY	·
Name of Contact Persor	at (352) 346-2322 Area Code & Daytime Telephone Number
	nount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fi Certificate	
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

		THE STATE OF THE S	
HΤ	ORIDA	HURRICANE PRODUCTS INC.	

orporation (if known) orida Profit Corporation adopts the following amendment(s)
orida Profit Corporation adopts the following amendment(s)
Thenew
npany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
200 <u>200 </u>
ATHENT OF STANANSSEE. FLOR
s in Florida, enter the name of the

address)
ria::d-
ity (Zip Code)
Florida, Florida

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 socied 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	¥	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	THOMAS D. APPLEBEE	16125 SHADY HILLS RD
X Add			SPRING HILL, FL 34610
Remove			
2) Change			<u> </u>
A&			
3) Remove			
Add			
Remove			
4) Change	 -		<u> </u>
Acc			
Remove			
5) Cange			
A.c.			
stemove			
6)C. unge			
xemove			
		Page 2 of 4	
E. If amending or add	ding additi	onal Articles, enter change(s) here:	

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

THOMAS D APPLEBEE WILL OWN 15% OF THE COMPANY

STEVEN E SMILEY WILL OWN 85% OF THE COMPANY	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
• • • • • • • • • • • • • • • • • • •	
Page 3 of 4	
12/30/2019	
The date of each amendment(s) adoption: 12/30/2019 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
1	

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 as by the snareholders was/were:		The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
* Toe number of votes cas	st for the amendment(s) was	were sufficient for approval
bv		<u></u>
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of direct	tors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder action and shareholder
Dated 12:30 201	9	
select		officer - if directors or officers have not been in the hands of a receiver, trustee, or other court ary)
	STEVEN E SMILEY	
	(Typed or print	ed name of person signing)
	PRESIDENT	
	(Title of person signing)	