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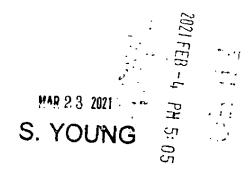
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COVER LETTER

TO: Amendment Section Division of Corporations

	HILLSIDE FOUNDATION,	INC.	
NAME OF CORPORATION:			
N1900000 DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for filin	g.	
Please return all correspondence conce	erning this matter to the follow	ring:	
ANTHONY SABELLA CPA			
	(Name of Cor	itact Person)	
LICHTENSTEIN, BRIEFMAN & SA	BELLA PLLC		
	(Firm/ Co	ompany)	
2501 S TAMIAMI TRAIL			
	(Addr	ress)	
SARASOTA FL 34239			
	(City/ State ar	nd Zip Code)	
ASABELLA@LBSCPAS.COM			
E-mail add	ress: (to be used for future ann	ual report notification)	
For further information concerning thi	s matter, please call:		
ANTHONY SABELLA		941 -366-373 7	
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the F	lorida Department of St	ate:
	Filing Fee & S43.75 Filing Seate of Status Certified Co (Additional enclosed)	opy Certification copy is Certified	ate of Status I Copy mal Copy is
Mailing Address		Street Address	

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

HILLSIDE FOUNDATION, INC.				
(Name of Corporation as currently filed with th	e Florida D	Dept. of State)		
N19000000586				
(Доси	nent Numbe	er of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this Florida Not	For Profit Corporation adopts t	he followin
A. If amending name, enter the new name of th	e corporati	on:		
		<u> </u>		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporat <u>ie</u> .	ion" or "incorpora	ted" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applica	able:			
(Principal office address MUST BE A STREET)	(DDRESS))		2(
			 .	0021 FEB - 4
			. <u>.</u> .•	
C. Enter new mailing address, if applicable:			· .	1
(Mailing address MAY BE A POST OFFICE	BOX)		<u></u>	
			•	" <u>B</u>
				ـــٰ ت
			 .	<u> </u>
D. If amending the registered agent and/or reginew registered agent and/or the new register			da, enter the name of the	
			IN & SABELLA PLLC	
Name of New Registered Agent:				
	2501 S TA	AMIAMI TRAIL	<u> </u>	
New Registered Office Address	:		(Florida street address)	
	· · SARASO'	TA	34239)
	***	(City)	, Florida (Zip Code)	<u>_</u>
			,	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered at. Lam far	Agent: niliar with and acce	en the obligations of the position	<i>1</i> 1.
The second secon			y garage grant passes	
	A	la Ola		
-	. Sig	gnature of New Reg	istered 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
Change Add		_		
Remove			-	
2) Change Add		_		
Remove 3) Remove Add Remove		-		
4) Change Add		_		
Remove			-	-
5) Change Add		_		
Remove			-	
6) Change Add		_		
Remove				
E. If amending or addir (attach additional shee			icles, enter change(s) here: (Be specific)	
		•		

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The date of each amendment(s) adopt date this document was signed.	ion:			, if other than th
Effective date if applicable:	(no more than 90 day.			- · · ·
	(no more than 90 day,	s after amendment fil	e date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicament of State's records.	able statutory filing re	equirements, this da	te will not be listed as the
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.

		bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	02/02/2021
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)	
		MICHAEL RICHARD
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)