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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROBERTO + ASSOCIATES TITLE AGENCY AND COSING SERVICES, P05000098740 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSEPH L. ROBERTO Name of Contact Person 149 FAIRHILL ROAD

HATFIELD, PA 19440

City/ State and Zip Code JOE @ ROBERTO AND ASSOCIATES. LOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOE ROBERTO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is

enclosed)

Mailing Address

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

Street Address

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

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment

Articles of Incorporation of					
ROBERTO + ASSOCIATES TITLE AGE	VLY AND CLOSING SERVICE, INC.				
(Name of Corporation as currently flied with the Florida Dept, of State)					
P0500098740					
(Document Number of Corporation	(if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation;					
HILLTOWN ENTERPRISES, INC.	The new				
name must be distinguishable and contain the word "corporation	on." "company." or "incorporated" or the abbreviation				
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or	"Co". A professional corporation name must contain the				
word "chartered," "professional association," or the abbreviation					
B. Enter new principal office address, if applicable:	199 FAIRHILL ROAD				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	HATFIELD, PA 19440				
C. Enter new mailing address, if applicable:	CALABLE A.A.				
(Mailing address MAY BE A POST OFFICE BOX)	199 FAIRHICL KOAD				
	HATFIELD, PA 19440				
NITTO I TO THE PARTY OF THE PAR					
D. If amending the registered agent and/or registered office add	irees in Florida, enter the name of the				
new registered agent and/or the new registered office addres					
N. Allen D. Lewis I.					
Name of New Registered Agent // A	AME				
(Florida street address)					
	4m £, Florida				
(City,	(Zip Code)				
N B 1/ 11 / 10 / 1/ 15 / 15 / 15 / 15 / 15					
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
The say sands in abbonument an influence affilit 1 millamin	min and decept the confunction of the position.				

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.

X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add		) N	
Remove		N/L	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		_	
T IVEINOAC			

tach additional sheets, if necessary).	(Be specific)
n amendment provides for an exch	oange, reclassification, or cancellation of issued shares,
ovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ii noi applicable, inalcale IVA)	
(у пог аррисавів, іпаісаїв 1974)	
(у погаррисаон, таксые N/A)	
(у погаррисаон, таксые м/х)	
(у поі аррпсаоїє, іпаісає м/х)	
(у погаррисаон, такан м/х)	
(IJ noi appricable, indicale N/A)	
(I) not applicable, indicate N/A)	

The date of each amendment(s) adoption:	5/34/14	, if other than the
date this document was signed.	6/1/14	, it ower man the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by(vali		
(voti	'ing group)	
The amendment(s) was/were adopted by the baction was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and shareholder	
Dated 5/3 1/15	<u> </u>	
	y In	
selected, by an incomposited fiduciary	•	
Joi	CEPH L. ROBERTO	
	(Typed or printed name of person signing)	
	REI IDENT	
	(Title of person signing)	