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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section

Division of Corporations

•			
NAME OF CORPOR	ATION: BILLIT	MANAGEN	nent Fuc.
DOCUMENT NUMB	er: <u>P1100</u>	00 81181	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	William	Hine Name of Contact Person	n
-	Bil	Lit MANNO Firm/ Company	
_	100 SEX	GARDEN O	CT
-		4 1 1	21 32080
	Willhin	re@Hotma	ic. con
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
William	1 Hine	at (959	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address adment Section		Address Iment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

of

1)11917 MANAGE		
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)
121100003118	3(
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	iis <i>Florida Profit Corpora</i>	ntion adopts the following amends
A. If amending name, enter the new name of the corporation:	14	The nev
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional c	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	/ <i>U</i>	/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office ac	ddress in Florida, enter t	he name of the
new registered agent and/or the new registered office address		
Name of New Registered Agent	- NE)/IN	
(Florida	street address)	<u> </u>
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		21.28 21.12 21.13 21.13

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CE Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of <math>\epsilon$ 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
_X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>)	Name A . /		<u>Addres</u> s
1) Change	\bot	_	MARY AND His	يعلع	100 STAGAMOER
Add Remove			•		St Augustine FL 32080
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change			~		
Add					
Remove					

	i, if necessary). (Be spe	ecific)
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* -		
 		
	 	
		
an amendment prov	ides for an exchange, re	eclassification, or cancellation of issued shares,
rovisions for implem	enting the amendment	if not contained in the amendment itself:
(if not applicable,	mature WA)	
		1 /

The date of each amendment(s) adoption:	10.3.18	, if oth
date this document was signed.	•	
Effective date if applicable:	10.5.18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, tate's records.	this date will not be lis
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	narcholders. The number of votes cast for the amen proval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amend	lment(s) was/were sufficient for approval	
by(void	ng group)	
The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and shareho	lder
Dated	18	
Signature	PAS.	
	lent or other officer – if directors or officers have no porator – if in the hands of a receiver, trustee, or oth	
appointed fiduciary b		ier court
	William G. Hive	
Т)	'yped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	