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Office Use Only



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C. GOLDEN JAN 1 1 2020

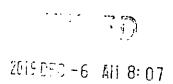
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: HOP CONTRACT	ING INC		
DOCUMENT NUMBI	P14000061056			
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:		
<u>,</u>	ODIOSMAY GONZALEZ			
-		Name of Contact Person	1	
Ė	ALL IN ONE ACCOUNTIN	G SERVICES, INC		
-		Firm/ Company		
4	1951 WEST 6TH AVE			
-		Address		
i	HIALEAH, FL 33012			
-		City/ State and Zip Cod	e	
ZOCO	NSULTANTS@YAHOO.C	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
YODIOSMAY GONZ.	ALEZ	at (³⁰⁵	926-2190	
Name o	f Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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 enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
	ion of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HOP CONTRACTING INC

(Name o	f Corporation as currently f	iled with the Florida Dep	ot. of State)
P14000061056			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			7he new
name must he distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpo	oorated" or the abbreviation ration name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
		· ·	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	ime of the
Name of New Registered Agent	YODIOSMAY GONZALEZ	:	
want of the Regimered Ing.	4951 WEST 6TH AVE		
	(Florida stree	t address)	
New Registered Office Address:	HIALEAH		Florida
	(C	îty)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar wit	h and accept the obligation	ns of the position.
	XVI	1	
	M/12	1	

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	NOEL PEREZ	9990 NW 135T6H ST
Add			HIALEAH GARDENS
X Remove			FL, 33018
2) Change	VP	ERIC LABRADOR	331 GLENRIDGE RD
Add			KEY BISCAYNE
X Remove			FL, 33149
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
ARTICLE IV	• •
DELETED MUMBER OF CHARFS 1	
DELETED NUMBER OF SHARES 1	
ADD NUMBER OF SHARES 1000	
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	
	· · · · · · · · · · · · · · · · · · ·

OCTOBER 31, 2019
The date of each amendment(s) adoption:, if other than
date this document was signed.
OCTOBER 31, 2019 Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
10/31/2019 Dated
Signature
(By a director/president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
appointed fiduciary by that reduciary
Y HONNOYS D. Perez
(Typed or printed name of person signing)
President
(Title of person signing)