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COVER LETTER

TO: Amendment Section

Division of Corporations					
DOCUMENT NUMBER: P1 5000 91894					
OCCUMENT NUMBER: 1 2 CQ2) 4/5/7					
he enclosed Articles of Amendment and fee are submitted for filing.					
lease return all correspondence concerning this matter to the following:					
Thomas W. Hewitt Name of Contact Person Heartt Proporties Commercial, The. Firm/ Company 1411 Edgenater Drac, Ste 10) Address Ortand. Fl 32804 City/ State and Zip Code Twt & Hewith Raidantiel & Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Thomas N. Hewitt at (407) 318-7370 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Sas Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Sas Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment to

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation 16 JAN -4 PM 4: 18 Neutios Commercial (Name of Corporation as currently filed with the Florida Dept. of State) 500009189 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending pame, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "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 "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (City) (Zip Code) 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.

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DV	Robert C. Hewitt	1411 Edgenalar Drive Stc 101
Add Remove			Ste 101 Orlands Fl. 32809
2) Change			
Add Remove			
3) Change			
Add			
4) Change			***************************************
Add			
5)Change	 -		
Add Remove			
6) Change	······		
Add			



E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
	· · · · · · · · · · · · · · · · · · ·				
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, is igns for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
	SEORE TARY OF STATE DIVISION OF CORPORATION
Effective date if applicable: DeC. 28, 2015 (no more than 90 days after amendment file date)	16 JAN -4 PH 4: 18
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Dec. 28, 2015	
Signature	
(By a director, president of other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other cappedinted fiduciary by that fiduciary)	en œurt
Thomas W. Hew.tt (Typed or printed name of person signing)	
President / Directors	
(Title of person signing)	