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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: AlliSta HOM	nesinc
DOCUMENT NUMBER: P160043	258
The enclosed Articles of Amendment and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the follow	ving:
Michael Flog Name of Con Allista Homes Firm/Con T159 W. Groy Addi Homosassa City/ State at Ollista homes in Control	er Cleveland Blvd FL 34446 ad Zip Code Company Cleveland Blvd Code Code Code Code Code Code
For further information concerning this matter, please call:	
Michael Florian at (352, 302–2395 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Fl	lorida Department of State:
\$35 Filing Fee	opy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

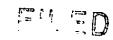
2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation



of

to

<u>HIIIsta</u>	Homes	inc.	ينار 2019	-5 AHII:0
(Name of Co	rporation as currently	r filed with the Florid	a Dept. of State)	:
P10C	(Document Number of	Corneration (if known	<u> </u>	· ·
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:		•		ng amendment(s)
A. If amending name, enter the new name o	·			
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enter new principal office address, if app	"Corp," "Inc," or "o or the abbreviation ". 	Co". A professional c	ncorporated" or the c corporation name must	contain the
(Principal office address <u>MUST BE A STREE</u> C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>	<u>:</u>	NIA		
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office addr		he name of the	
Name of New Registered Agent	NA			_
	(Florida stre	et address)		_
New Registered Office Address:			, Florida	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent:	City) ith and accept the obli	.,	Code)
	Signature of New Re	gistered Agent, if chan	ging	-

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)

Remove

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.

Mike Jones, V as Remov			nese snouta ve notea as John 190e, 171 as a Change,
Example:			
X Change		<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	S	Joseph Dutcher	1 8595 W.Goodman Ln Homosassa, Fl 3444
Remove			
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(Attach additional sheets, if necessary). (Be specific) N/A F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	E. If amending or adding additional Arti	cles, enter change(s) here:
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	provisions for implementing the ame	ndment if not contained in the amendment itself:
N/A	(ij not applicante, maicate N/A)	
N/A		
	NIA	
		-
		

The date of each amendment(s) as date this document was signed.	doption:, if other th.
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were addraction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated7	11/2019
Signature) h K / / /
(By a di	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Michael Florian
	(Typed or printed name of person signing)
	President
	. 100,00