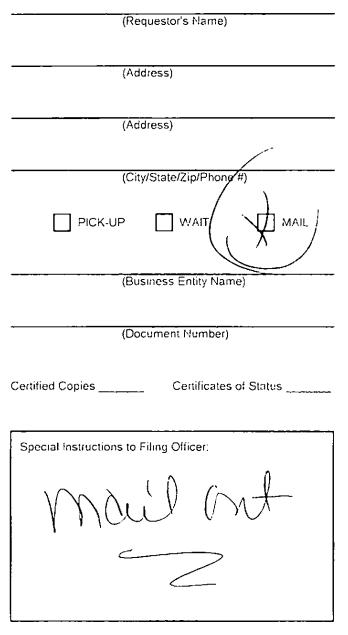
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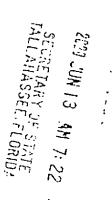






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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hill top Co	mmercial - Florid	a lac.
DOCUMENT NUMBER: P18000076		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Lahessee	Name of Contact Person Firm/ Company General Towns Address Floring 323 City/ State and Zip Cod Seed for future annual report	01
For further information concerning this matter, pleas	se call;	
Rud Woodh IK	at (678	536-9819
Name of 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 \$\sum \text{S43.75 Filing Fee & Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Hillton Commercial.	Flor, da In C poration as currently filed with the Florida I			
(Name of Cor	poration as currently filed with the Florida I	Dept. of State	2)	
P180000 7631				
	Document Number of Corporation (if known)	·		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporatio	n adopts the	following am	endment(s)
A. If amending name, enter the new name of	f the corporation:			
name must be distinguishable and contain the we "Inc" or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A professional corporatio	ed" or the ab on name mus	breviation "C	new lorp.," word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or re	registered office address in Florida, enter the	name of the	SECS SCOS	1 298
new registered agent and/or the new regis	stered office address:		AH AH	7 p
Name of New Registered Agent			SS	
			177 C. 325	,
	(Florida street address)		93	
New Registered Office Address:		, Florida	ALE RADE	ě
The state of the s	(City)	1 10/10/0	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as			osition.	
Check if applicable				
☐ The amendment(s) is/are being filed pursuant	t to s. 607.0120 (11) (e), F.S.			

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)

Example:

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	<u>ı Doe</u>	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) <u> </u>	P	Michaelle Cinous	215 W. Gillage Are # 202
Add			Tullohessee Florid: 32301
X Remove	^	2	
2) X Change	\P	Red Woodfaulk	215 W. Wilege Are# 202
X Add			Tallahassee Floride 32301
Remove 3) Change			
Add			70E
Remove			
4) Change			\$\frac{1}{2} \frac{1}{2} \frac
Add			
Remove			7: 22 DRID
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	510 No
	SEC.
n amendment provides for an exchange, reclassification, or cancellation of issued shares,	RETARY AHASSE
ovisions for implementing the amendment if not contained in the amendment itself:	AS T
(if not applicable, indicate N/A)	87-7 GS
	م وت ایراند. تکاری
	~ · · · · · · · · · · · · · · · · · · ·
	1 7:22 STA E LORIDA
	Du: 15
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The date of each amendment(s) adoption: date this document was signed.	6/16	/20	, if other than the
•	6/17/	2 & 190 days after amendment fü	le date)
Note: If the date inserted in this block does r document's effective date on the Department of	ot meet the app f State's records	olicable statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s) (CF	IECK <u>ONE</u>)		
☑ The amendment(s) was/were adopted by the action was not required.	incorporators, o	or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/	were sufficient for approval	
by(vo.		······································	
(voi	ing group)		
Dated			
Signature (By a director, presselected, by an incomposited fiduciary	orporator – if in	the hands of a receiver, trust	s have not been ee, or other court
	d Weed	ed name of person signing)	
	(Lyped or printe	ed name of person signing)	
A	gent - P	resident signing)	
	(Title of person	signing)	

