## P21000069973

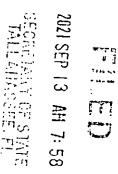
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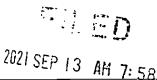
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: P. HILL PROS, CO	ORP		
DOCUMENT NUM	BER: P21000069973		<del></del>	
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	ELVIN L DE LOS SANTOS	FRIAS		
	Name of Contact Person			
	P. HILL PROS, CORP			
	Firm/ Company			
	609 EAGLE POINTE S			
		Address		
	KISSIMMEE FL 34746			
	City/ State and Zip Code			
	SANTOSELVIN90@GMAIL	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas		3049311	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check (	or 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)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.G	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810 Insert FL 32303	

## Articles of Amendment to Articles of Incorporation of



P. HILL PROS, CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P21000069973 (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 name, 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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)

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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) ADI Change	SV	CARMEN L ESPINAL	2303 ANDREWS VALLEY DR
Add			KISSIMMEE FL 34758
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
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6) Change			
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	adding additional A al sheets, if necessary	). (Be specific)			
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\$ 13 PS 12 PS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt provides for an ex	xchange, reclassificati	on, or cancellation of	issued shares,	
ı an amenome	implementing the a	<u>menament 11 not cont:</u>	ained in the amendme	ent t <u>isen:</u>	
provisions for	licable, indicate N/A)	1			
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	08/03/2021	77 1 1 1
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
08/03 Effective date <u>if applicable</u> :	/21	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopt action was not required.	sted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	et
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected appointe	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)  ELVIN L DE LOS SANTOS FRIAS	
	(Typed or printed name of person signing)	
1	PRESIDENT	

(Title of person signing)