P04000020529

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
•	_	
	Office Use Only	



600035399826

05/17/04--01052--013 **43.75

HILLU 04 NAY 17 PH 3: 42 SECRETARY OF STATE

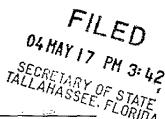
Mond

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DELETED DIRECTOR AND ADDED D	RECTOR	<u> </u>
DOCUMENT NUMBER: PO4000020529		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JAIR AGUIRRE		
(Nan	ne of Person)	
A & A HOME REPAIRS ALL WAYS I	····	
(Name of	Firm/ Company)	
7932 SAPPHIRE LN		
	Address)	
ORLANDO FL 32807		
(City/ Sta	te/ and Zip Code)	*****
For further information concerning this matter, p	please call:	
JAIR A AGUIRRE	at (407) 929-4553	
(Name of Person)	(Area Code & Daytime 7	elephone Number)
Enclosed is a check for the following amount:		
□ \$35 Filing Fee	☐ \$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	_

Articles of Amendment to Articles of Incorporation of



A & A HOME REPAIRS ALL WAYS INC.

PO4000020529

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)

adopts the following	·			o.po	14414111			-	
NEW CORPORAT	E NAME (if	<u>changing)</u>	Ė						
(must contain the word				. 10		<u> </u>	 :		; =;
(must contain the word	"corporation," "	company," o	r "incorpo	rated" of	the abt	reviation "	Corp.," '	'inc.," or "Co	.")
AMENDMENTS A							ate Arti	icle Numbe	r(s)
and/or Article Title(s) being amend	ded, added	or delete	.d: (BE	SPEC	(FIC)			•
ARTITLE VII THE	OFFICER	(S) AND/OF	DIRECT	OR(S)	OF THE	CORPO	RATION	I IS/ARE:	
DELETED : LUIS F AC	OSTA VP				<u></u>	, <u> </u>			
ADDED: JAIR A AGUIF	RRE VP	<u> </u>			<u></u>	37."	-		<u> </u>
						:		u-	+5(° ↓
			<u></u>			1-			
	<u></u>	_ _	<u> </u>	<u> </u>		<u> </u>		<u>a-</u>	
			·						<u> </u>
					<u> </u>	<u> </u>	:		
		(Attach ad	ditional pa	ges if ne	cessary)				_
If an amendment pro for implementing the									
N/A									w2 (5

(continued)

The date of each amendment(s) adoption: 05/08/2004	
Effective date if applicable: 05/13/2004	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were approved 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.	
Signed this 14 day of MAY , 2004	
Signature (By a director, president of 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)	
JAIR AGUIRRE (Typed or printed name of person signing)	-
PRESIDENT (Title of person signing)	

FILING FEE: \$35