P0400075697

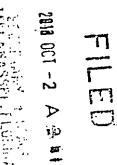
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:ANERI	CAN BEST GUTTERS IN	С	
DOCUMENT NUMBER:	P040000	075697		
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.		
Please return all correspondenc	e concerning this man	tter to the following:		
	CARMEN J	ROMERO		
		Name of Contact Persor	I	
	A&A MUL-	T-SERVICES INC		
		Firm/ Company		
	79 LAS BRIS	SAS WAY		
		Address		
	KISSIMMEE,	FL 34743		
<u> </u>		City/ State and Zip Code		
	aamultsei	rvices@gmail.com		
E-n		sed for future annual report	notification)	
r further information concern	ning this matter, pleas	se call: at ((A) 2	2510
Name of Contact	rt Person	at (Area Co	de & Daytime Telepho	one Number
•		payable to the Florida Depa		ne (volitoe)
g Fee □\$	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy is enclosed)	us
Mailing Ade Amendment Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMERICAN BEST GUTTERS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P04000075697 (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: NA 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: NA(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) New Registered Office Address:

New I here

	(City)	(Zip Cod	(e)
Registered Agent's Signature, if changing Register by accept the appointment as registered agent. I am		f th <u>e p</u> ositi		
			2010 OCT	77
Signature	e of New Registered Agent, if changing	OF COMMENT	-2 A	
			<u>हिं</u>	ن ا

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.

Example: XChange	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	S	STEFANIA LIBI	REROS	12863 SUNSTONE AVE
X Add				APT 202
Remove				ORLANDO, FL 32832-6255
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
б) Change		-		
Add				
Remove				

. If amending or adding additional Art (Artach additional sheets, if necessary).	(Be specific)
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<u> </u>	
e ye a a a a a a a a a a a a a a a a a a	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
JA	
<u> </u>	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: 06/07/2018
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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
(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.
action was not required.
DatedSignature
(By a director, president or 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)
JOSE J LIBREROS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)