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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: ANCAROAR INC	 		<u></u>
DOCUMENT NUME	P16000030241			
The enclosed Articles	of Amendment and fee are su	bmitted for filin	g.	
Please return all corres	pondence concerning this ma	tter to the follow	ving:	
	ROBERTO TARICANI			
		Name of Cor	ntact Person	
	ANCAROAR INC			
		Firm/ Co	ompany	
	13116 SW 44TH ST.			
		Addı	ress	
	MIRAMAR, FL 33027			
		City/ State ar	nd Zip Code	
	taricanil@hotmail.com			
	E-mail address: (to be us	ed for future an	nual report	notification)
For further information	n concerning this matter, pleas	se call:		
ROBERTO TARICAN	ΝΙ	at (760	349-8865
Name o		Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the F	lorida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified Co (Additional e enclosed)	opy	☐\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

<u>- ١</u>

ANCAROAR INC		
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P16000039241		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s <i>Florida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
		Tl
	Corp," "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word
B. Enter new principal office address,		5335 NW 87TH AVE STE C109-500 DORAL
(Principal office address MUST BE A S		FL 33178
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		13116 SW 44TH ST. MIRAMAR, FL 33027
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	13116 SW 44TH ST.	
		treet address)
N. B. J. Jon III	MIRAMAR	. Florida 33027
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	sered agent. I am familiar	nt: Twith and accept the obligations of the position. Registered Agent, if changing
	Signoure of New	kegisterea Agent, ij changing
Chark if annlicable		

☐ 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 Remove V Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change	
Type of Action (Check One) Title Name Address 1) Change	
(Check One) 1) Change Add Remove	
Add	
Remove	
2) Change	
2) Change	
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4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

n amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	mending or adding additional Art ach additional sheets, if necessary).	(Be specific)			
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	9/18/2020			
he date of each amendment(s) acte this document was signed.	loption:			, if other than the
ffective date <u>if applicable</u> :				
	(no n	more than 90 day	s after amendment file o	late)
ote: If the date inserted in this bocument's effective date on the De			statutory filing requires	ments, this date will not be listed as the
doption of Amendment(s)	(CHECK	ONE)		
The amendment(s) was/were add action was not required.	pted by the incorp	oorators, or board	of directors without sha	areholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su			aber of votes cast for the	: amendment(s)
The amendment(s) was/were app must be separately provided for	each voting group	entitled to vote s	separately on the amena	
"The number of votes cast		it(s) was/were suf	ficient for approval	
by ROBERTO TARICAN			**	
	(voting gro	oup)		
9/18/2020 Dated			_	
Signature			<i>,</i> ₹	
(By a di selected	rector, president of	or other officer \succeq tor – if in the han	if directors or officers h ds of a receiver, trustee,	
	ROBERTO TARI	ICANI		
	(Typed	l or printed name	of person signing)	
	PRESIDENT		7).	

(Title of person signing)