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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: A/C SMART SER	VICES. INC	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
j	OEL AQUINO		
-	-	Name of Contact Perso	on
,A	A/C SMART SERVICES. IN	iC .	
· ~			
0	ACHAWIZEC AVE	Firm/ Company	
<u>გ</u>	25 HAWKES AVE	·	
		Address	
C	DRLANDO, FL 32809		
-		City/ State and Zip Coo	le
IOEL A	QUINO@ATT.NET		
JOELA	•	16.6	
	E-man address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOEL AQUINO		at (202-2192
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	<u>Street</u>	Address
Amendment Section		Amendment Section	
	on of Corporations		on of Corporations
	30x 6327 nassee, FL 32314		n Building Executive Center Circle
1 41141	1033CC, FL D2J14	20011	EXECUTIVE CERTEL CITCLE

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as c	urrently filed with the Flo	orida Dept. of State)
P17000044044		
(Document Nu	ımber of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statut ts Articles of Incorporation:	es, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:	
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered." "professional association," or the abbrev	," or "Co". A profession	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	#16 -1
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		EC 8 PH
		6
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office: 		ter the name of the
Name of New Registered Agent		
(Flo	orida street address)	
New Registered Office Address:	(City)	. Florida(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: umiliar with and accept the	obligations of the position.

Signature of New Registered Agent, if changing

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: X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	ANAEL RUIZ	825 HAWKES AVE
X Add				ORLANDO, FL 32809
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment If not contained in the amendment itself: (if not applicable, indexe IVA) dding Secretary, ANAEL RUIZ, at 10% ownership leave President Juel Aquino with 80% ownership.	(Attach additional sh	neets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)	If an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares,

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	eent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"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.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	er
12/10/2017 Dated	
Signature Allas	
(By prector/president or other officer – if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
JOEL AQUINO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person cigning)	