P19000081696

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TO: Amendment Section Division of Corporations			NO TO THE REAL PROPERTY.
NAME OF CORPORATION: <u>Ace (on</u>	struction & Cla	aming Inc.	19 NOV 25 PM W. 39
DOCUMENT NUMBER: <u> </u>	1696		ا الله
The enclosed Articles of Amendment and fee are su	bmitted for filing.		-
Please return all correspondence concerning this ma	tter to the following:		
Angel	Martinez		
	Name of Contact Person		
	Firm/ Company		
1100 50	nset Ave	unit B	
	Address		
Malleria	El 3/170-		
	City/ State and Zip Code	:	
ance acecle	eaning corpa	gmail.com	
E-mail address: (to be us	sed for future annual report	odtification)	
For further information concerning this matter, plea	se call:		
Angel Montines Name of Contact Person	at 508	371-5472	
Name of Contact Person	Area Coo	de & Daytime Telephone Number	_
Enclosed is a check for 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)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassec

Articles of Amendment

to

Articles	of	Incorporation
		of

Ace Construction and C/e	as currently filed with the Florida Dept. of State) Number of Corporation (if known)
DIMARKA NICOL	as currently fried with the Florida Dept. of State)
P 190000 81696 (Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corpo	oration:
"Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbrevia	The new oration," "company," or "incorporated" or the abbreviation "Corp., 'r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1100 Sunset Ave
	Umt B
	NoKomis, FL 34275
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
<u> 1/00 S</u>	Waset Ave Unit B (Florida street address)
New Registered Office Address: No Ido	mis
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent: m familiar with and accept the obligations of the position.
т негову иссерт те арронитет аз гедметса идет. Та	m jamilia. This and accept the obligations of the position.
Signatus	re 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Angel Martinez	1100 Sunset Ave
X Add			Unit B
Remove			NoKomis FL 34275
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change		_	
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shee		onal Articles, enter change(s) here: cessary). (Be specific)	

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(if not applicable, indicate N/A)	indment if not contained in the amendment itself:	
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	Page 3 of 4	
te date of each amendment(s) adoption	Page 3 of 4	
te date of each amendment(s) adoption		
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te this document was signed.	Page 3 of 4	, if other than t
ate this document was signed.	Page 3 of 4	, if other than t

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 by ______(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. Dated 11-21-19 Signature

(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) Tuone Florencic
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the