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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

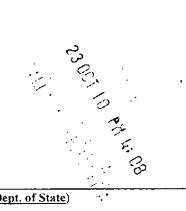
NAME OF COR	PORATION: Angelic Roofing Contractors Corp
DOCUMENT N	P20000066270
The enclosed Arti	cles of Amendment and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Maribel Ramos
	Name of Contact Person
	Angelic Roofing Contractors Corp
	Firm/ Company
	1098 INTERLAKEN WAY
	Address
	APOPKA, FL 32703
	City/ State and Zip Code
	maribetramos496@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Maribel Ramos	at (300-5651
Na	me of Contact Person Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount made payable to the Florida Department of State:
S35 Filing Fe	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Tallahassee

Articles of Amendment to Articles of Incorporation of



Angelic Roofing Contractors Corp

•	n as currently filed with the Florida Dept. of State)
P20000066270	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
Angelic Contractors Corp	The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRE	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	The planty
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing
Check if applicable	

☐ 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)

Add

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.

Frample:

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>	<u>Name</u>	Δ	ddre <u>s</u> s
1) Change				
Add				
Remove				
2) Change				
Add			_	
Remove 3) Change				
Add				
Remove				
4) Change				
Add			_	
Remove				
5) Change				
Add			_	
Remove				
6) Change				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach additional shee	g additional Articles, enterts, if necessary). (Be spec	rific)		
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	09/11/2023
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
· —	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Departmen	is not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by a action was not required.	the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	voting group)
(voting group)
Dated	
Signature Maribe	Ramos resident or other officer – if directors or officers have not been
(By a director, pr	resident or other officer – if directors or officers have not been
	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
_ Ma	nbel Ramos
	(Typed or printed name of person signing)