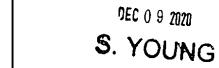
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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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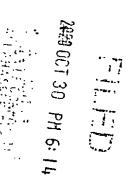
Office Use Only





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANCESTRY REM	IODELING CORP	<u> </u>
DOCUMENT NUM	BER: P20000076427		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JAVIER LLAMBIAS		
		Name of Contact Persor	1
	PRESIDENT		
	<u> </u>	Firm/ Company	
	5102 SW 162ND PL	. ,	
		Address	-
	MIAMI FL 33185		
		City/ State and Zip Code	e
	ancestryremodeling@gmail.c	rom	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JAVIER LLAMBIA	S	at (2166128
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

to

ANCESTRY	REMODEL	ING	CORP

(<u>Name o</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P20000076427			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new na ANCESTRY REPAIR SERVICES COR			The new
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrev professional corporation name must co	iation "Corp.,"
B. Enter new principal office address,		5102 SW 162ND PL	
(Principal office address MUST BE A S		MIAMI FL 33185	
			
C. Enter new mailing address, if applied (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new register	<i>OFFICE BOX)</i> nd/or registered office <u>addr</u>		
	JAVIER A LLAMBIAS	•	
<u>Name of New Registered Agent</u>	5102 SW 162 PL	<u> </u>	
	(Florida stre	vet address)	
New Registered Office Address:	MIAM!	Florida 3318	35 25
New Registered Agent's Signature, if c	hanging Registered Agent:	vith and accept the obligations of the positi	Zip Code) 11
	Signature of New Re	egistered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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 Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>oith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

A VE TO CHA?	al sheets, if necessary) NGE THE COMPANY		LINONET LIAME TEU	E LICENSE TO DE	MODEL
	NGE THE COMPANY	NAME BECAUSE	——————————————————————————————————————	E LICENSE TO RE	MODEL.
· <u>-</u> -					
			· · · · · · · · · · · · · · · · · · ·		<u> </u>
					
					
	 				
				<u> </u>	
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. <u>If an amendme</u>	<u>ent provides for an ex</u>	cchange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for	r implementing the ar olicable, indicate N/A)	mendment if not con	tained in the amen	dment itself:	
- (и погарг	meane, maicale NA)				
	<u>-</u> -		- - -	· · · · · · · · · · · · · · · · · · ·	
					
					_
N/A					

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10/22/2020	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
10/22/2020	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
(voting group)	
10/22/2020	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be	een
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
JAVIER A LLAMBIAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	