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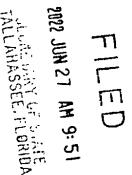
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:TIARA ROOFING	G AND REMODELING IN	IC				
DOCUMENT NUMBER:	P22000047626						
The enclosed Articles of An	nendment and fee are su	bmitted for filing.					
Please return all correspond	ence concerning this ma	tter to the following:					
MAl	NUEL J RODRIGUEZ I	BARRA					
	Name of Contact Person						
		Firm/ Company					
5205	5205 NW 15 AVE						
	Address						
MIA.	MI FL 33142						
	City/ State and Zip Code						
yanir	nontes07@gmail.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information con	erning this matter, plea	se call:					
YANIRA MONTES		786 at (7180245				
Name of Contact Person		Area Code & Daytime Telephone Number					
Enclosed is a check for 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 Articles of Incorporation of

TIARA ROOFING AND REMODELING INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P22000047626	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>:</u>
TIARA ALL DECK SERVICES INC	The new
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P./ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word A." AH SSET OF TO STAND
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	ı ştreet address)
New Registered Office Address:	. Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	<u>ent:</u>
Signature of New	w 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)

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 Doc	
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			7A L C
Remove			
4) Change			SS: 27
Add			
Remove			7 5: 2 9: 2 1
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	necessary).	(Be specific)			
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			ion, or cancellatio	n of issued shares,	
f an amendment provide	s for an excha	nge, reclassificat			
provisions for implemen	iting the amend	imen <u>t if not cont</u>	ained in the amen	dment itself:	
provisions for implemen (if not applicable, ind	iting the amend	iment if not cont	ained in the amen	dment itself:	
provisions for implemen (if not applicable, ind	iting the amend	nge, reclassificat Iment if not cont	ained in the amen	dment itself:	
provisions for implemen (if not applicable, ind	iting the amend	inge, reclassificat	ained in the amen	dment itself:	
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f an amendment provide provisions for implemen (if not applicable, ind	iting the amend	dment if not cont	ained in the amen	dment itself:	
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provisions for implemen (if not applicable, ind	iting the amend	dment if not cont	ained in the amen	dment itself:	

The date of each amendment(s) ado late this document was signed.	ption:	06/	23/202	22		, if other than the
iate inis document was signed.	0/2/2	23/20	022	dment file date)		
Effective date <u>if applicable</u> :	(no r	more than 90	days after amen	dment file date)		
Note: If the date inserted in this blocklocument's effective date on the Department.			able statutory tili	ng requirements,	this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK	ONE)				
▼ The amendment(s) was/were adopt action was not required.	ted by the incorp	oorators, or b	oard of directors	without sharehold	er action and sh	archoider
☐ The amendment(s) was/were adopt by the shareholders was/were suff	-		number of votes	cast for the amen		
☐ The amendment(s) was/were appromust be separately provided for ea	ich voting group	entitled to v	ote separately o	the amendment(s		FILE
"The number of votes east fo	r the amendmen	it(s) was/wer	e sufficient for a	pproval		
by	(voting gre	оир)		·"	THE STATE OF	
24/2	1-1-0-	•			AH 9: 31	<u>, </u>
Dated Ob Signature	11-4	O				
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appointed	I fiduciary by the	at fiduciary)	_			
<u>/</u>	Lanuar	ーフ	Rodni	quez I	barro	
				ghing)		
_	PRR	side.	$n \leftarrow$			
	(Title o	of person sig	ning)			