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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ANCELMO PRO	SERVICES INC			
	MBER: P23000032977				
	es of Amendment and fee are su				
Please return all cor	respondence concerning this ma	tter to the following:			
	HUGO MIR				
		Name of Contact Person	n		
	ALUFAB USA, INC				
		Firm/ Company			
	6360 TOPAZ COURT				
		Address			
	FORT MYERS , FL 33966				
		City/ State and Zip Cod	e		
	hmir@alufabusa.com				
	•	sed for future annual report	notification)	(V)	35
		·		코유	23 H
For further informat	tion concerning this matter, plea	se call:		LA A A	4
HUGO MIR		at (239	226-4872	47SS	2023 MAY 11 AM 8: 17
Nan	e of Contact Person	Area Code & Daytime Telephone Number			ست ن
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	SECRETALY OF STATE	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	•	
A D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

۸	NCEL	MO.	PRO	SERV	ICES :	INC

(Name of	Corporation as curren	ntly filed with the Flo	rida Dept. of State)		 -
P23000032977					
	(Document Number	of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the foll	owing amendment(s) to
A. If amending name, enter the new nat N/A	ne of the corporation:			The new	
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp," "Inc," or "Co".	A professional corp		viation "Corp.,"	
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
D. If amending the registered agent and	l/or registered office at	ddress in Florida, ent	er the name of the		
new registered agent and/or the new				2023 SEC	
Name of New Registered Agent	N/A	······································		2023 HAY SECRET	- 1
-	(Florida	street address)		AT AT	:
New Registered Office Address: _		(City)	, Florida	(Zip Code)	,
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Age red agent. I am familia	ent: or with and accept the	obligations of the posi	tion.	
	Signature of New	Registered Agent, if a	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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LUIS A MACHADO	1119 N C STREET
Add			LAKE WORTH, FL 33460
X Remove			
2) Change	P	JESUS A MACHADO	1119 N C STREET
X Add			LAKE WORTH, FL 33460
Remove Change			
Add			
Remove			
4) Change			
Add			SECRET
Remove			LAY H
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
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<u> </u>	· · · · · · · · · · · · · · · · · · ·
n amendment provides for an exchange, reclassification, or cancellation opvisions for implementing the amendment if not contained in the amendment.	of issued shares,
(if not applicable, indicate N/A)	
	202 SE
 	SECRETALLAH
NA	
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	SECRETATE OF STATE TALLAHAISEE FL
	<u></u>
	

The date of each amendment(s	adoption:	, if other than the
date this document was signed. 0-	4/26/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/08/20 Dated	123 128	2023 NAY 111 SEORETAN TALLAH)
sele	a director, president or other officer if directors or officers have not been cterl, by an incorporator if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	- F
	JESUS A MACHADO	STEEL F
	(Typed or printed name of person signing)	TE
	PRESIDENT	
	(Title of person signing)	