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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Kool Team, Inc. PO 7.000071267 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elaine Sheridan The Kool Team, Inc. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

	am, Inc.		
(Name of Corporation as cu	irrently filed with the Flo	rida Dept. of State)	
P0200001	71267		
(Document)	Number of Corporation (if I	(nown)	-
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		Florida Profit Corpora	tion adopts the following
A. If amending name, enter the new nam	e of the corporation:		
*			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or "Co.," or name must contain the word "chartered," "	the designation "Corp," "	'Inc,'''or "Co". A profe	ssional corporation
B. Enter new principal office address, if			
(Principal office address MUST BE A STR	<u>REET ADDRESS</u>)		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		٠,	FILE:D'
D. If amending the registered agent and/ new registered agent and/or the new i	or registered office addre egistered office address:	ss in Florida, enter the r	ame of the
- Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida stre	et address)	
		. Flori	da
	(City)	(Zip Code)	
New Registered Agent's Signature, if cha	nging Registered Agent:		
I hereby accept the appointment as register	ed agent. I am familiar wi	th and accept the obligat	ons of the position.
•	•	;	
	Signature of New Regist	ered 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)

<u>Title</u> <u>Name</u>	<u>Address</u>	Type of Action
Secretary Gary Hazel	4950 22nd St 1 Naples, FL 3411	VE □ Andd
Treasurer	Naples, FL 3410	2 Remove
		<u> </u>
	The state of the s	□ Add □ Remove
	•	☐ Add
		☐ Remove

E. <u>If amending or adding additional Articles, e</u> (attach additional sheets, if necessary). (Be s		
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· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>	
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F. If an amendment provides for an exchange	reclassification or cancellation of	icened charec
provisions for implementing the amendme	nt if not contained in the amendmen	nt itself:
(if not applicable, indicate N/A)		
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*The date of each amendmen	t(s) adoption:	6/21/2010	· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:		f adoption is required)	
Effective date if applicable:	(no more than 90 days af	ter amendment file date)	
Adoption of Amendment(s)	(CHECK ON	NE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the sharehole ere sufficient for approval.	ders. The number of vote	es cast for the amendment(s
The amendment(s) was/we must be separately provide			ups. The following statement on the amendment(s):
"The number of votes	cast for the amendment(s)	was/were sufficient for a	pproval
by	<u> </u>	****	• 1
•	(voting group)	ا با الم	
The amendment(s) was/we action was not required.	re adopted by the incorpor	ators without shareholder	action and shareholder
Dated	06/21/2010	<u>) </u>	
Signature	Olaine 1	heridan	
(By sele	a director, president or othected, by an incorporator – ointed fiduciary by that fid	if in the hands of a receive	
	Elain (Typed or pri	e Sherida nted name of person sign	^
1		•	_
	(Title of person's	e Preside	ent: