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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $\overline{S}$ .	ess Air Conditioning. Con.
DOCUMENT NUMBER: 01600010	79410
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
JS Bless Ai	Name of Contact Derson  Conditioning. Comp  Firm/ Company
1001 Dampi	erre C+·
KISSIMM	City/ State and Zip Code
E-mail address: (to be used)	769 Wahoo Confibr future annual report notification)
For further information concerning this matter, please c	all:
Enrique Pagan Name de Contact Person	at (407) 300-2066 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay-	able to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	Articles of Incorporation		
JS Bless	Air Condit	ioning · Corp.	
(Name of Corporati	ion as currently filed with the	Florida Dent, of State)	
P1600010	1467		
(Docur	ment Number of Corporation (if	known)	,
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit C</i>	corporation adopts the following amendment	:(s) to
A. If amending name, enter the new name of the co	orporation;		
		The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professi	or "incorporated" or the abbreviation	
D. D. A		2011	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>		-0 5 T	
		Sign of the second seco	7
	and the second of the telephone and the second of the seco	mg F	ب
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>)X</b> )		
(mining mining (mining) -		2	
	****	100 100 100 100 100 100 100 100 100 100	
,			
D. If amending the registered agent and/or registence new registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent			
Tomas of The Toggister on Tigeth			
	(Florida street address)		
	(		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(4-9)	(-4	
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	I am familiar with and accept to	he obligations of the position.	
		· · · · · · · · · · · · · · · · · · ·	
Sign	nature of New Registered 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)

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 <math>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	PT John l	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	•
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	:
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	(emmes)	Enrique Pagan	1001 DANDIETTE CH KISS. FL. 34759
Remove			
2)Change		Sonia N. Pagan	1001 DAMPIETTE CH Kiss, FL 34759
Remove			
3) Change Add			
Remove			
4) Change Add	eadless and a specific		
Remove			
5) Change	<del></del>	·	· · · · · · · · · · · · · · · · · · ·
Add			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

(2 11100)	h <i>addition</i>	ıal shee	ts, if nee	cessary,	). <i>(B</i> e	e specifi	ic)							** .
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The date of each amendment(s) ado	ption:	<u> </u>			, if other than th
late this document was signed.		• • •		•	4.
Effective date <u>if applicable</u> :	(no more tha	n 90 days after	amendment file da	'e)	
Table 1 to a transfer of the Alice 1 to a	-11	-1:1:14-4-4-	61ii	nto this data sun	ill not be listed as th
Note: If the date inserted in this blo comment's effective date on the Department			ory mining requirement	nts, this date w	in not be usted as th
adoption of Amendment(s)	(CHECK ONE)				•
The amendment(s) was/were adopt by the shareholders was/were suffi		The number of	votes cast for the ar	nendment(s)	
The amendment(s) was/were appromust be separately provided for ed					
"The number of votes cast fo	r the amendment(s) was/	were sufficient	for approval	•	·
by	(voting group)	·	**	*** *	•
•	(voting group)	**		,	
The amendment(s) was/were adopt action was not required.	ed by the board of direct	ors without sha	reholder action and	shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators v	without shareho	lder action and shar	eholder	
Dated	2-17				
Signature			*		
(By a dire selected,	ctor, president or other of by an incorporator – if in I fiduciary by that fiducia	n the hands of a			
• · ·	Enrique 7				.20.
	(Typed or print	ea name of per	son signing)		
	P- (owner)				
	CTi	tle of person si	enine)		