## P98000 004 924

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | Iress)           |             |
| (Add                      | lress)           | ·           |
| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations ALRCONDITIONING, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy

is enclosed)

## **Articles of Amendment**

-10

Articles of Incorporation

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| BAYSING   | HIJATING + A   | 01<br>- 10 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( | OCTIONING                      | INC.           |                           | <u> </u>                 |
|---|--|--|--------------------------------|----------------|---------------------------|--------------------------|
| 101100  | (Name of Corporation a   | as currently file                              | ed with the Florida De         | of of State)   |                           |                          |
| Daga  | ( <u>Frame or Corporation a</u>  | as carrently in                                | tti with the Fiorida <u>De</u> | pt. or state   |                           |                          |
| <u> </u>  | JUUD 7914  |  |                                |                | 2819 NOV - 8              | A.k. 40                  |
|   |  |  | rporation (if known)           |                | and the first mark        | A0 641 75                |
| Pursuant to the provision its Articles of Incorporati | s of section 607.1006. Florida Sta<br>on:  | atutes, this <i>Flor</i>                       | ida Profit Corporation         | adopts the fol | SEORE IARY<br>WEIDSHIPSON | UF BORIDAT<br>UFFRORIDAT |
| A. If amending name, e                                | nter the new name of the corpor  | oration:                                       |                                |                |                           |                          |
|   | NIA  |  |                                |                | 77                        |                          |
| "Corp.," "Inc.," or Co.                               | shable and vontain the word "c<br>" or the designation "Corp," "<br>essional association," or the abbi | Inc." or "Co".                                 | . A professional corpo         |                |                           |                          |
|   | office address, if applicable:<br>MUST BE A STREET ADDRES  | <u>:SS</u> ) –                                 | N/A                            |                |                           |                          |
| C. Enter new mailing a (Mailing address MA            | address, if applicable:<br>IY BE A POST OFFICE BOX)  | -<br>-   | N/A                            |                |                           |                          |
|   | stered agent and/or registered offic<br>t and/or the new registered offic                              |  | in Florida, enter the n        | ame of the     |                           |                          |
| Name of New Re  | gistered Agent   | N  | IA                             |                | <del></del>               |                          |
|   |  | (Florida street a                              | ddress)                        |                |                           |                          |
| New Registered  | Office Address:  |  |                                | , Florida      |                           |                          |
|   |  | (Ciņ   | ")                             |                | (Zip Code)                |                          |
|   | Signature, if changing Register intment as registered agent. I am                                      | n familiar with i                              | and accept the obligation      |                | tion.                     |                          |
|   | Signature  | re of New Regis                                | tered Agent, if changing       | 3              |                           |                          |

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:<br>X Change       | PT John                | <u>Doe</u>             |                                  |
|----------------------------|------------------------|------------------------|----------------------------------|
| X Remove                   | <u>V</u> <u>Mike</u>   | <u>Jones</u>           |                                  |
| $\underline{X}$ Add        | <u>SV</u> <u>Sally</u> | Smith                  |                                  |
| Type of Action (Check One) | <u>Title</u>           | <u>Name</u>            | Address                          |
| 1) Change                  | PD                     | TOM PROVATAS           | 1248 MARAVISTA DY<br>TRINITY, FL |
| Add                        |                        |                        | TRINITY FL                       |
| X Remove                   |                        |                        | 34655                            |
| 2) Change                  | PD                     | ANASTASIOS<br>DROVATAS | 1248 MARAVISTAPP.                |
| Add Remove                 |                        | HOWKING                | <u> </u>                         |
| 3 ) Change                 |                        |                        |                                  |
| Add                        |                        |                        |                                  |
| Remove                     |                        |                        |                                  |
| 4) Change                  |                        |                        |                                  |
| Add                        |                        |                        |                                  |
| Remove                     |                        |                        |                                  |
| 5) Change                  |                        |                        |                                  |
| Add                        |                        |                        |                                  |
| Remove                     |                        |                        |                                  |
| 6) Change                  |                        |                        |                                  |
| Add                        |                        |                        |                                  |
| Remove                     |                        |                        |                                  |

| f amending or adding additi<br>Attach additional sheets, if neo | cessary). (Be sp | ecific)                             | J/A               |                                   |              |
|---|------------------|-------------------------------------|-------------------|-----------------------------------|--------------|
|   |                  |                                     |                   |                                   |              |
|   |                  |                                     |                   |                                   |              |
|   |                  |                                     |                   |                                   |              |
| •   |                  |                                     | <u> </u>          | <del></del>                       |              |
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|   |                  |                                     |                   |                                   |              |
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|   |                  |                                     |                   |                                   |              |
|   |                  |                                     | 41                | <del></del>                       |              |
|   |                  | _                                   |                   |                                   | <del>.</del> |
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|   |                  |                                     |                   |                                   |              |
|   |                  | <u></u>                             |                   | ·-                                |              |
| f an amendment provides for provisions for implementing         | g the amendment  | eclassification,<br>if not containe | or cancellation o | of issued shares,<br>nent itself: |              |
| (if not applicable, indica                                      | te N/A)          | VA                                  |                   |                                   |              |
|   |                  |                                     |                   |                                   |              |
|   |                  |                                     |                   |                                   |              |
|   | _                |                                     |                   | <u> </u>                          |              |
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|   | -                |                                     | <del>.</del>      |                                   | -            |
|   |                  |                                     |                   |                                   |              |
|   |                  |                                     | <u> </u>          |                                   |              |

| The date of each amendment(s) ad  | option:   | , if other than the      |
|---|---|--------------------------|
| date this document was signed.  |   |                          |
| Effective date <u>if applicable</u> :   |   |                          |
|   | (no more than 90 days after amendment file date)  |                          |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date woartment of State's records.   | ill not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                          |
| The amendment(s) was/were ado<br>by the shareholders was/were suf             | pted by the shareholders. The number of votes cast for the amendment(s) Ricient for approval.   |                          |
| ☐ The amendment(s) was/were appropriately provided for                        | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |                          |
| "The number of votes cast i   | for the amendment(s) was/were sufficient for approval   |                          |
| by  | (voting group)  |                          |
|   | (voting group)  |                          |
| ☐ The amendment(s) was/were ado action was not required.                      | pted by the board of directors without shareholder action and shareholder   |                          |
| action was not required.  Dated  Signature                                    | pted by the incorporators without shareholder action and shareholder  |                          |
| selected  | recor, president on other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |                          |
|   | ANASTASIOS PROVATAS (Typed or printed name of person signing)   | <del></del>              |
|   | PRESIDENT / DIRECTOR (Title of person signing)  |                          |
|   | (   |                          |