## M55891

(Requ	uestor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Amend

TOTAL TOTAL STATE

JUN 1 1 2012

T. ROBERTS

## **COVER LETTER**

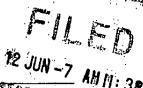
TO:	Amendment Section	
	Division of Corporation	S

		•			
NAME OF CO	RPORATION: COLI	OFLO, IN	VC.		
DOCUMENT N	NAFFOOA		·		·
The enclosed Ari	ticles of Amendment and f	ee are submitted	for filing.		• •
Please return all	correspondence concerning	this matter to t	he following:	· ·	
	ELAN FEL	DMAN	:		,
	COLDFLO		ne of Contact Person	r	*
	· · · · · · · · · · · · · · · · · · ·		Firm/ Company		
	1050 NW 2	<u> 21ST S</u> T	<u> </u>		
· ·	MIAMI, FL	33127	Address		3. •
`.·	-		/ State and Zip Code		;
· ·	E-mail address:	(to be used for	future annual report	notification)	· · ·
For further infor	mation concerning this mat	ter, please call:			`. **
ELAN FI	ELDMAN	; ;;*	at (305	, 545-66	666 <sup>-</sup>
N	lame of Contact Person		Area Coo	de & Daytime To	elephone Number
Enclosed is a che	eck for the following amou	nt made payable	to the Florida Depa	rtment of State:	:. •
S35 Filing F	Certificate of	Status Ce (Ac	3.75 Filing Fee & crtified Copy dditional copy is closed)	S52.50 Filir Certificate of Certified Co (Additional is enclosed	f Status py Copy
	Mailing Address Amendment Section			Address ment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation · of



## COLDFLO, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

M55891

(Document Number of Corporation (if known)

	ration:	200		
. If amending name	e, enter the new name of	the corporation:		
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	guishable and contain th			
	Co.," or the designation ' rofessional association," o			cation name must contain
Enter new princip	pal office address, if appl	icable:	: ·	
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	<u>ig address, if applicable:</u> MAY BE A POST OFFIC	TE BOY	5 ** ·	
(maining address)	MAI BE A POST OFFIC	<u>E BUA</u> ) -		<del></del>
	,		•	<u> </u>
			•	•• •
Sec.		· , -		
	egistered ågent and/or re		in Florida, enter the na	me of the
new registered ag	ent and/or the new regis	tered office address:	···	•
Name of New	Registered Agent	••		i,
. Itame of Item	'.	-		
•				_
	•	(Florida street o	address)	
:				
New Register	red Office Address:	(City)	, Florid	a

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					,
A Kemove	$\underline{\mathbf{v}}$	Mike Jones			•
X Add	<u>sv</u>	Sally Smith	` ;		, *
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	• •
) Charles	V	NELSON CE	DEDA .	1050 NW 21ST ST	REET
1) Change Add:	<u> </u>	_ NEESON CE	·······································	MIAMI FL 33127	11001
Remove		y ·	·	· ·	,
2) Change		· ,	.:	<u>.</u>	
Add Remòve				·	
3) Change			÷		
Add Remove			·		
4) Change					
Add Remove		_			
5) Change Add		<del></del>			***
Remove				****	
6) Change					
Add Remove					

ttach additional sheets, if nee	cessary). (Be specific)	•	
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an amendment provides fo	r an exchange, reclassifica	tion, or cancellation of	issued shares,
provisions for implementing (if not applicable, indica	the amendment if not con	tained in the amendme	nt itself:
(у погаррнеате, така	ie iwaj		
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he date of each amendment(s) ado	ntion: 06/01/201	2	· · · · · · · · · · · · · · · · · · ·		
ffective date <u>if applicable</u> :					
Transfer date in appreciate.	(no more than .	90 days af	ter amendment	file date)	
	: .				
doption of Amendment(s)	(CHECK ONE)	:		23	
The amendment(s) was/were adopt by the shareholders was/were suffi		e number	of votes cast fo	or the ameno	lment(s)
The amendment(s) was/were appromust be separately provided for ea					
"The number of votes cast fo	or the amendment(s) was/we	ere sufficie	ent for approval	1	
` by				**	,
	(voting group)				
The amendment(s) was/were adoptaction was not required.  The amendment(s) was/were adoptaction was not required.					
Dated 60/04/	12,				
Signature			- -		4
(By a dire selected,	ector, president or other off by an incorporator – if in t d fiduciary by that fiduciary	he hands o			
<u> </u>	ELAN FELDM	AN	· ·		
	(Typed or printed			1	
· <u>-</u>	PRESIDENT/				
	(Title of perso	n signing	)		;