Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.

Account Number: I20060000156

: (305)818-0404

Fax Number : (305)818-0898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALEX AC REPAIRS, INC.

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JUL 1 6 2014

T. CARTER

COVER LETTER

TO: Amendment Sect Division of Corp				
NAME OF CORPORATION: ALEX AC REPAIRS, INC.				
	BER: P000000012			
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	tter to the following:		
	RALPH PADRO	N		
		Name of Contact Person		
	PADRON & ASS	<u> </u>	j.	
	2095 W 76TH S	Firm/ Company TREET		
		Address		
	HIALEAH, FL 33			
		City/ State and Zip Code	e	
RA	LPH@RALPHPA	ADRON.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
RALPH PADRON		_{at (} 305	, 818-0404	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certifled Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indusent Section Sion of Corporations Box 6327 School FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

(FAX)3058235596

P UUSIUUR

SECRETARY OF STATE
TALLA TO THE TORIDA

Articles of Amendment to Articles of Incorporation of

14 JUL 15 AH 9: 34

(Name of Corporation as currently filed with the Fiorida Dept. of State) P0000001208 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a its Articles of Incorporation: A. If amending name, enter the new name of the corporation: **Tomme must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrectory, "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address; if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered affice address: **Name of New Registered Agent** [Florida street address) [City) [City Code)	
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Now Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TD	ACOSTA, OSVALDO	1680 WEST 38 PL.
Add			STE #A1
Remove			HIALEAH, FL 33012
2) Change			
Add			
Remove			
3) Change	,		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
	·
	V
	· · · · · · · · · · · · · · · · · · ·
in amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	# · i

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 06/17/2014	
Signature O Lider	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
PEDRO A. VELASCO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	