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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ar Condi	tioning Experts Inc.
DOCUMENT NUMBER: PO DOO 10	920
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Frances Ran (Name of Co	705
(Name of Co	ntact Person)
Air Condition	ning Experts Inc.
7881 Manar	
Boyntin B-cau (City/ State a	th FL 33436 nd Zip Code)
For further information concerning this matter, plea	se call:
Michael Ramos (Name of Contact Person)	at (Se/-) 965-5880 (Area Code & 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	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address Amendment 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	2009 11 150
Articles of Incorporation of	TALECRE AN
Air Conditioning Experts, Inc.	AHASSEE SIA
(Name of Corporation as currently filed with the Florida Dept. of State)	ORICE
700000010920	$\mathcal{O}_{\mathcal{A}^{\downarrow}}$
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A.	If amending	name, enter	the new	name of the	corporation:
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The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "I "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the	designation "Corp," "Inc," of	or
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:		in Florida, enter the name of	_ <u>the</u>
<u>New Registered Office Address</u> :	(Florida street d	address)	
	(City)	(Zip Code)	_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

Tit V	<u>ρ</u>	Name Frances . J. Ramos	Address 7881 Manor Forestla Boyntin Beach FL 33436	Type of Action Add Remove
			3995	Add Remove
				Add Remove
		or adding additional Articles, enter ional sheets, if necessary). (Be specific		
F.	provisions	dment provides for an exchange, reclifor implementing the amendment if napplicable, indicate N/A)		

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> :	
((no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	.,,
	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	H15-09
Signature	W- Barres
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Michael Ramos
	(Typed or printed name of person signing)
	President
	(Title of person signing)