## P0000011521

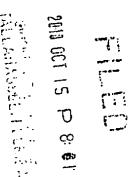
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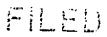


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Air Flow Specialis	sts, Inc.	
DOCUMENT NUME	BER: P00000077521		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	James Powers		
	<del></del>	Name of Contact Person	1
	Air Flow Specialists, Inc.		
		Firm/ Company	
	PO Box 372882		
		Address	
	Satellite Beach, FL 32937		
		City/ State and Zip Cod-	2
hoods	guru@gmail.com		
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
James Powers		at ( 321	302-2363
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Air Flow Specialists, Inc.	DATA COT LE CO. C. C.
(Name of Corporation	as currently filed with the Florida Dept. of State)
P00000077521	9 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	poration:
	The _new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Sionate	ure 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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Andrew Kominik	11355 113th Ave
Add			Seminole, FL 33778
X Remove			•
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		<del></del>
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		-
		<u>-</u>
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
provisions for implementing the amer	indment if not contained in the amendment itself:	
provisions for implementing the amer	endment if not contained in the amendment itself:	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
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provisions for implementing the amer	endment if not contained in the amendment itself:	
provisions for implementing the amer	ndment if not contained in the amendment itself:	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the are sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(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 action act	reholder
Dated	Synish Goods	
	a director, president of other officer - if directors or officers hav	
	efed, by an incorporator – if in the hands of a receiver, trustee, or pinted fiduciary by that fiduciary)	other court
	James Powers	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	