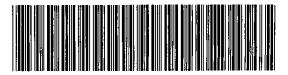
P01000082244

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)	<u> </u>		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: American Applian	ce Care Air Conditioning &	Heating Inc.
DOCUMENT NUM	P01000082244		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JARRACH, CHRISTOPHEI	R	
		Name of Contact Person	
		Firm/ Company	
	545 NW Mercantile Pl, #117	•	
		Address	
	Port St. Lucie, Florida 34986	5	
		City/ State and Zip Code	
chris	@americanaircares.com		
	E-mail address: (to be us	sed for future annual report i	notification)
For further information	on concerning this matter, pleas	se call:	
Chris Jarrach		at (⁷⁷²	398-0023 le & Daytime Telephone Number
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depar	rtment of State:
□ \$35 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)
An Div P.C	nilling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation



6 14 1.17 S. 14 1.17 (Name of Corporation as currently filed with the Florida Dept. of State) P01000082244 (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: American Air Cares Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 545 NW Mercantile Pl, #117 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Port St. Lucie, FL 34986 C. Enter new mailing address, if applicable: 545 NW Mercantile Pl, #117 (Mailing address MAY BE A POST OFFICE BOX) Port St. Lucie, FL 34986 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 office address: Name of New Registered Agent (Florida street address) , Florida_ New Registered Office Address: (City) 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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l)Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove			
3)Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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6	hange, reclassification, or cancellation of issued shares,
<u>t an amendment provides for an exch</u>	THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO STATE OF THE PERSON NAMED
provisions for implementing the ame	endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
May 2nd, 2016	
Effective date <u>if applicable</u> : (no more than 90 da	vs after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
•	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were suf	Ticient for approval
by	,,
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required. ☐ The amendment(s) was/were adopted by the incorporators without s	
action was not required.	
May 2nd, 2016 Dated Signature	_
(By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	
Christopher Jarrach	
(Typed or printed name	of person signing)
President	
(Title of pe	rson signing)