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TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: MCGREEVY'S HI	EATING AND AIR INC	
DOCUMENT NUM	IBER: P03000116798		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JAMES M MCGREEVY		
		Name of Contact Person	1
	MCGREEVY'S HEATING A	AND AIR INC	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	720 GRISWOLD ROAD		
		Address	
	JAY, FL 32565		
		City/ State and Zip Code	2
	MCGREEVYJ96@GMAIL.0	TOM	
	_	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call: at (850	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment 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)
	ailing Address		Address
	nendment Section		ment Section
	vision of Corporations A Box 6327		n of Corporations entre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MCGREEVY'S HEATING AND AIR INC.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P03000116798			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this A	Florida Profit Corporation adopts the following amend	dment(s) t
A. If amending name, enter the new n	ame of the corporation:	71	
	Corp," "Inc," or "Co". A	The interpolated on the abbreviation "Cor ompany," or "incorporated" or the abbreviation "Cor professional corporation name must contain the w	
B. Enter new principal office address,			<u> </u>
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	35. T	
		HAR	انـ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		irit 💊	-
		ASS	· []]]
(Muning dutiess MAT DE ATOST	OF TICE BOX		
		<u> </u>	
		in w	_
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	JAMES M MCGREEVY		
reme of the regime en rigen	720 GRISWOLD ROAD		
	(Florida stre	et address)	
New Registered Office Address:	JAY	, Florida 32565	
The Management of the Committee of the C		C(ty) (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position. Ly gistered Agent, if changing	
	Signature of New Re	gistered Agent, if changing	
Chask if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	Title	<u>Name</u>	Address	
1) Change			 	
Add				
Remove			-	-
2) Change			 	
Add				
Remove 3) Change			 	
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change			 Mariana and a second	
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Attach additional sheets, if necessar	ry). (Be specific)	

.		
an amendment provides for an	exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the	amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A	1)	
		<u> </u>

•	01/01/2023
The date of each amendment(s)	adoption:, if other th
date this document was signed.	
	1/01/2023
Effective date <u>if applicable</u> :	1 00 1 6 1 1 1 1
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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	ast for the amendment(s) was/were sufficient for approval
by	••
	(voting group)
03/15/20	173
Dated	
Signature	Com molya
	director, president or other officer - infriectors or officers have not been
	cted by an incorporator – if in the hands of a receiver, trustee, or other court
appo	pinted fiduciary by that fiduciary)
	JAMES M MCGREEVY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)