P050089355

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number))
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SECRETARY OF STATE
FAIR ANASSEE FLOODS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	OOMMEDOIAL A	DOLLANOE TECHNIQUA	N OFFINIOF INC
NAME OF CORPO	CATION:	APPLIANCE TECHNICIA	N SERVICE, INC.
DOCUMENT NUMI	BER: P050000892	255	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	SOLANGE C.	ARGUELLES	
		Name of Contact Person	1
	COMMERCIAL APPLI	ANCE TECHNICIAN	SERVICE, INC.
		Firm/ Company	4
	2405 W 6 LN.		
		Address	
	HIALEAH- FLO	ORIDA 33010	
		City/ State and Zip Code	e
CA	TS984@HOTN	//AIL.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
ALEXIS AF	RGUELLES	at (305	9842175
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$43.75 Filing Fce & 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)
Amo Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

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COMMERCIAL APPLIANCE TECHNICIAN SERVICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

P05000089255	Thed with the Piorida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
N/A	The new
	ord "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical	N/A
(Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	PO BOX 172562 HIALEAH-FLORIDA 33017
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the
SOLA	NGE C ARGUELLES
Name of New Registered Agent 2105	5 W 6 LN
2403	(Florida street address)
Now Paristand Office Address HIAL	
New Registered Office Address:	(City), Florida (Zip Code)
Now Desistand Agent's Signature if shonging D	Indiatored Agents

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>	Name	Address
1) X Change	Р	ANA FUENTES	2405 W 6 LN. HIALEAH
Add			FLORIDA 33010
Remove		·	
2) Change	Р	SOLANGE C. ARGUELLES	2405 W 6 LN. HIALEAH
X_{Add}			FLORIDA 33010
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		——————————————————————————————————————	
Remove			

E. <u>If amending or adding additional Arti</u>	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
1 1/ / \	<u>, e. e </u>

The date of each amendment(s) a	option: 05/30/2013
Effective date if applicable:	30/2013
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were so	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
■ The amendment(s) was/were ad action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 05/30	2013
selecte	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	SOLANGE C. ARGUELLES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)