## POG000081707

| (Re                     | equestor's Name)   |           |
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| 70                      | NOUS EL ID         | .to       |
| (Cit                    | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
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06 JUL 31 PN 1: 31

SECRETARY OF STATE
ANASSEE FLORIDA





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:MRJON'                                                                     | S AUTO AIR, INC.                                                                                        | -                                                                                       |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: P0600008170                                                                   | 7                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                   |
| The enclosed Articles of Amendment and fee are                                                 | submitted for filing.                                                                                   |                                                                                         |
| Please return all correspondence concerning this i                                             | matter to the following:                                                                                |                                                                                         |
| Mark Perlman, Esq.                                                                             |                                                                                                         |                                                                                         |
| (Name of C                                                                                     | Contact Person)                                                                                         |                                                                                         |
| Mark Perlman, P.A.                                                                             | Company)                                                                                                |                                                                                         |
| 1820 East Hallandale                                                                           | <u></u>                                                                                                 |                                                                                         |
| Hallandale Beach, Flo                                                                          | rida 33009<br>and Zip Code)                                                                             | .v = - <del>722</del> -                                                                 |
| For further information concerning this matter, ple                                            | ease call:at (954)456=1333                                                                              | 3                                                                                       |
| Mark Perlman, Esq. (Name of Contact Person)                                                    | (Area Code & Daytime Tele                                                                               | phone Number)                                                                           |
| Enclosed is a check for the following amount:                                                  |                                                                                                         |                                                                                         |
| \$35 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |                                                                                         |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MR. JON'S AUTO AIR, INC.

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

OG JUL 31 PH 1:31

SECRETARY OF STATE
ALLAHASSEE FLORIDA

P06000081707
(Document number of corporation (if known)

JON'S AUTO AIR, INC.

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

## NEW CORPORATE NAME (if changing):

| AMENDMENTS ADOPTED- (O<br>and/or Article Title(s) being amend           |                                       |                                        |                | rticle Number(s) |
|-------------------------------------------------------------------------|---------------------------------------|----------------------------------------|----------------|------------------|
|                                                                         |                                       |                                        |                |                  |
|                                                                         |                                       | 100ger j                               |                | •                |
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|                                                                         |                                       | - न <sup>3</sup>                       |                | ··········       |
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|                                                                         |                                       | · · · · · · · · · · · · · · · · · · ·  |                |                  |
|                                                                         | (Attach additional p                  | ages if necessary)                     | <del>-,,</del> | <u> </u>         |
| If an amendment provides for excha<br>for implementing the amendment if |                                       |                                        |                |                  |
|                                                                         | · · · · · · · · · · · · · · · · · · · | ·                                      | <del>-</del>   | <u> </u>         |
|                                                                         |                                       |                                        |                |                  |

(continued)

| The date of each amendment(s) adoption:                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: 7/36/66 (no more than 90 days after amendment file date)                                                                                                                           |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                             |
| XXX The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                  |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):         |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by                                                                                                                               |
| (voting group)                                                                                                                                                                                                   |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.                                                                                  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.                                                                                     |
| Signature Cart U fund                                                                                                                                                                                            |
| (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| JONATHAN N. SMITH                                                                                                                                                                                                |
| (Typed or printed name of person signing)                                                                                                                                                                        |
| PRESIDENT, SECRETARY AND TREASURER                                                                                                                                                                               |
| (Title of person signing)                                                                                                                                                                                        |

**FILING FEE: \$35**