## P06000117651

-*- (Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2.#D
(Cit	y/State/Zip/Prione	<del>; 11)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
	ounient Humber)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600089934326

03/07/07--01021--012 \*\*35.00

Anreal

Tristiano MAR 0 9 2007

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	CORPORATION: ClovAir Inc.,	Air Conditioning and Heating	<del> </del>
DOCUMEN	T NUMBER: P06000117651	<u></u>	
The enclosed	Articles of Amendment and fee a	re submitted for filing.	
Please return	all correspondence concerning thi	s matter to the following:	
	Clover Agnello		<del></del>
	(Name	of Contact Person)	
	ClovAir Inc.		
	(Fir	m/ Company)	
; ; ,	5115 North Socrum Loop Roa	 ad, #450	
		(Address)	
	Lakeland, Florida 33809		
	(City/ St	tate and Zip Code)	<del></del>
For further in	formation concerning this matter,	please call:	
Clover Agnel	lo	at (863)859 4090	)
	(Name of Contact Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a	check for the following amount:		
☑\$35 Filing Fe	e \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ile

## Articles of Amendment to Articles of Incorporation of

ClovAir Inc	TASSERE PAIN
	Name of corporation as currently filed with the Florida Dept. of States ARY OF STATE ORIDA
P06000	117651
	(Document number of corporation (if known)
	ons of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> nendment(s) to its Articles of Incorporation:
NEW CORPORATE	NAME (if changing):
	poration," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	<u>OPTED-</u> (OTHER THAN NAME CHANGE) Indicate Article Number(s) reing amended, added or deleted: ( <u>BE SPECIFIC</u> )
Please make Jame	s Agnello a Vice President of ClovAir Inc.
Also, please make	Anthony Agnello a Vice President of ClovAir Inc.
And,	
Please make Clove	Agnello the Secretary/Treasurer of ClovAir Inc.
· ·	
	(Attach additional pages if necessary)
	es for exchange, reclassification, or cancellation of issued shares, provisions nendment if not contained in the amendment itself: (if not applicable, indicate N/
	,
	(continued)

The date of each amendment(s) adoption: March 5th, 2007
Effective date if applicable: March 5th, 2007
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 actio 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 (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)
Scott Agnello
(Typed or printed name of person signing)
President of ClovAir Inc.
(Title of nerson signing)

**FILING FEE: \$35**