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(((H180003013103)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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OCT 2 5 2018

S. YOUNG

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October 18, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COLDSTORAGE SOLUTIONS, INC PO BOX 630416 MIAMI, FL 33163US

SUBJECT: COLDSTORAGE SOLUTIONS, INC

REF: P06000153682

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II FAX Aud. #: H18000301310 Letter Number: 018A00021255

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FORETARY OF STATE

TALL A HAS SEEF FOR

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

COLDSTORAGE SOLUTIONS INC				
(Name	of Corporation as current	ly filed with the Florida Der	ot, of State)	
P06000153682				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation 8	idopts the follo	wing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
				77
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corpor		
B. Enter new principal office address,		·		<u> </u>
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				- SS 2 1
				
C. Enter new mailing address, if appl	icable:		•	70
(Mailing address MAY BE A POST	OFFICE BOX)			<u>~~</u> ~
				DA TO
				
D. If amending the registered agent ar	id/or registered office add	ress in Florida, enter the na	me of the	
new registered agent and/or the ne	•	<u>3:</u>		
Name of New Registered Agent	AYAL WEIS			
	615 PHIPPEN WALTERS	S RD-UNIT 12		
	(Florida st	reet address)		
New Registered Office Address:	DANIA BEACH		_ Florida	4
		(City)		Lip Code)
New Registered Agent's Signature, if c			C.I. III	
I hereby accept the appointment as regist	lered agent. Lam jamiliar	with and accept the obligation	is of the positio	n.
Olei	ed (Co.			
	Signature of New F	Registered Agent, if changing	- · · · · · · · · · · · · · · · · · · ·	-

Page: 4 of 7

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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.

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> Маше</u>	<u>Addres</u> s
l)Change	P	KEYNAN, HADASSAH	1223 LINCOLN ST
Add			HOLLYWOOD FL 33019
X Remove			
2) X Change	P/V	WEIS,AYAL	615 PHIPPIN WALTERS RD
Add			UNIT 12
Remove			DANIA BCH FL 33004
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6)Change	-		
Add			
Remove			

10/24/2018 8:38:49 AM PST (GMT-8) FROM: 3058956273-TO: 18506176380

If amending or adding additional Attach additional sheets, if necessary	v). (Be specific)	angers mere.			
				<u>_</u> .	
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if an amendment provides for an e provisions for implementing the a (If not applicable, indicate N/A	mendment if not	ification, or can contained in th	cellation of issu- e amendment it	ed shares. self:	

Page: 5 of 7

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
10/17/2018	
Signature Deal Deco	_
(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)	
AYAL WEIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	