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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRO A RIVAS Name of Contact Person EXCLUSIVE AIR CONDITIONING SERVICES, INC Firm/ Company 17071 SW 146 COURT Address MIAMI, FL 33177 City/ State and Zip Code exclusiveair10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS Name of Contact Person At 305 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Street Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building | NAME OF COR | PORATION: EXCLUSIV | E AIR CONDITIONING SI | ERVICES, INC |
|---|---------------------------------|--|---|-----------------------|
| Please return all correspondence concerning this matter to the following: ALEJANDRO A RIVAS | DOCUMENT NU | J MBER: | P07000047182 | |
| ALEJANDRO A RIVAS Name of Contact Person EXCLUSIVE AIR CONDITIONING SERVICES, INC Firm/ Company 17071 SW 146 COURT Address MIAMI, FL 33177 City/ State and Zip Code exclusiveair10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations Area Code & Daytime Telephone Number Exclusive air 1 | The enclosed Artic | cles of Amendment and fee ar | e submitted for filing. | |
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| ### Trop Trop Trop Trop Trop Trop Trop Trop | | EXCLUSIVE AIR (| | NC |
| MIAMI, FL 33177 City/ State and Zip Code exclusiveair10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee Certificate of Status Certificate Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations MAMAMI, FL 33177 City/ State and Zip Code 2301-9161 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Certificate Of State: □\$43.75 Filing Fee & □\$43.75 | | | Firm/ Company | |
| MIAMI, FL 33177 City/ State and Zip Code exclusiveair10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS at (305) 301-9161 Name of Contact Person | | 1707 | ···· | <u> </u> |
| City/ State and Zip Code exclusiveair10@gmail.com | | | Address | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS at (305) 301-9161 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \text{S15} \text{Filing Fee} & \Begin{align*} \text{S43.75 Filing Fee} \text{S43.75 Filing Fee} \text{Certified Copy} & Certificate of Status Certified Copy (Additional copy is enclosed)} \text{Mailing Address} & \text{Street Address} \text{Address} \text{Address} \text{Amendment Section} \text{Division of Corporations} \text{Division of Corporations} | | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO A RIVAS at (305) 301-9161 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & | | | • | |
| ALEJANDRO A RIVAS Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}cccccccccccccccccccccccccccccccccc | | exclusive E-mail address: (to be used | eair10@gmail.com I for future annual report notification) | |
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| Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status □\$52.50 Filing Fee Certifi | ALE | JANDRO A RIVAS | at (305) 30 | 1-9161 |
| □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Street Address | Name | e of Contact Person | | phone Number |
| Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) | Enclosed is a chec | k for the following amount m | ade payable to the Florida Departi | ment of State: |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | □ \$35 Filing Fee | | Certified Copy | Certificate of Status |
| Tallahassee, FL 32314 2661 Executive Center Circle | Amendment Division o P.O. Box 6 | nt Section f Corporations 327 | Amendment Section Division of Corporations Clifton Building | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

EXCLUSIVE AIR CONDITIONING SERVICES, INC.

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

| P0 | 7000047182 | | | • |
|--|---------------------|----------------------------|--|-------|
| (Document N | umber of Corporati | on (if known) | | |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation | | es, this <i>Florida Pr</i> | ofit Corporation adopts the | follo |
| A. If amending name, enter the new name | of the corporation | <u>n:</u> | | |
| | N/A | | The n | iew |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p | he designation "Co | orp, " "Inc, " or "C | ny," or "incorporated" or oo". A professional corporat | the |
| B. Enter new principal office address, if a | pplicable: | N/A | | |
| (Principal office address <u>MUST BE A STRE</u> | EET ADDRESS) | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicab | | | | |
| (Mailing address <u>MAY BE A POST OF</u> | TICE BOX) | N/A | <u></u> | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or | | | , enter the name of the | |
| new registered agent and/or the new re | gistered office add | <u>lress:</u> | | |
| Name of New Registered Agent: | N/A | | | |
| | | | | |
| New Registered Office Address: | (Florid | da street address) | | |
| | | | , Florida | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if change | ging Degistered A | gent: | | |
| I hereby accept the appointment as registered | | | t the obligations of the positio | n. |
| | | | | |
| | Signature of New | Registered Agent, i | f 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|--|---|-----------------------|
| <u>VP</u> | JOSE A RIVAS | 15481 SW 81 CIRCLE LANE APT # 710 MIAMI. FL 33193 | _ □ Add _ ☑ Remove |
| <u>VP</u> | JOSE VICENTE AVILA | 4860 SW 91 AVENUE MIAMLEL 33165 US | |
| <u>N/A</u> | | | |
| | ding or adding additional Articles, ending or adding additional sheets, if necessary). (Be sp | | |
| | | | |
| | | | |
| <u>provisi</u> | mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A) | | |
| N/A | ······································ | | |
| • | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: <u>05/19/2010</u> |
|--|---|
| Effective date <u>if applicable</u> : | 05/19/2010 (date of adoption is required) |
| Effective date <u>it applicable</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement of the following 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholde |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated <u>05/1</u> Signature_ | 9/2010 |
| (By sele | y a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | ALEJANDRO A RIVAS |
| | (Typed or printed name of person signing) |
| | PRESIDENT (Title of parent signing) |
| | (Title of person signing) |