

Florida Department of State

Division of Corporations Public Access System

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(((H09000223050 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number : 120090000059 Phone : (786)380-3472

Fax Number : (305)374-8833

COR AMND/RESTATE/CORRECT OR O/D RESIGN

T.A. AIR DUCT CLEANING & HOME SERVICE, INC.

Certificate of Status	0
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October 20, 2009

FLORIDA DEPARTMENT OF STATE

T.A. AIR DUCT CLEANING & HOME SERVICE, INC. 2900 BOGOTA AVE COOPER CITY, FL 33026

SUBJECT: T.A. AIR DUCT CLEANING & HOME SERVICE, INC. REF: P09000052502

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD A PERIOD AFTER THE WORD "INC" IN THE CORPORATE NAME.

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) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H09000223050 Letter Number: 209A00033482

2009 GCT ZO AM 8: 00 SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: T.A. AIR DUCT CLEANING & HOME SERVICES, INC.				
DOCUMENT N	UMBER:	P09000052502	<u> </u>	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
		DVIR DERHY		
)	Name of Contact Person		
	DERHY F	INANCIAL SERVICES LLC		
		Firm/ Company		
•	99 1	NW 183RD ST # 138		
		Address		
	. 1	MIAMI, FL 33169		
		ity/ State and Zip Code		
	DVIR@	BELLSOUTH.NET a for future annual report notification)		
For further inform	ation concerning this matter.	please call:		
	DVIR DERHY	at (786)3	8803472	
Name	e of Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:	
2 \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le	

Articles of Amendment Articles of Incorporation

FILED

2009 OCT 20 AH 9: 32

T.A. AIR DUCT CLEANING & HOME SERVICE, INCSECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State LAHASSEE FLORIDA P09000052502 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida_ (Zip Code) 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	EINUZ OFRA	155 NW 98TH TERR PEMBROKE PINES	□ Add ☑ Remove
<u>s_</u> _	EINUZ LIOR	155 NW 96TH TERR PEMBROKE PINES	□ Add ☑ Remove
E. If amen (attach a	ding or adding additional Articl additional sheets, if necessary).	es, enter change(s) here: (Be specific)	
<u>provisi</u>		inge, reclassification, or cancellation of iment if not contained in the amendm	

The date of each amendment(s) adoption: 10/19/2009
The date of each smannment	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_10/19	9/2009
Signature	
(By selec	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	EINUZ OFRA
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)