## P09000054144

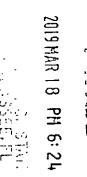
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C. GOLDEN MAR 2 6 2019 TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SOUTH FLORIDA CONTROLS, INC.			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Hector Hernandez  Name of Contact Person  South Florida Controls, INC.  Firm/ Company  13393 SW 131 Street  Address  Miami fl 33186  City/ State and Zip Code			
Name of Contact Person			
South Florida Controls, INC.			
Firm/ Company			
13393 SW 131 street			
Address			
Miami Fl 33186			
City/ State and Zip Code			
Hectwasfo-mia-wm E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Hector Heinandez at 305, 970-5742  Name of Contact Person Area Code & Daytime Telephone Number			
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:			
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building			
T. 11			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FII.ED

of

	of	2010 HAD LO -
South Florida Con	trols, JNC	2019 MAR 18 PM 6: 2
(Name of Corporation as cur	rently filed with the Florida Dept. of	State)
Pame	54144	11 / SSEE, FIL
	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
NA		The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation "P.A."	ed" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
(Timeipul office address <u>most be A 3TREET ADDRESS</u> )		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	dress:	f the
Name of New Registered Agent	NA	<del></del>
(Florid	da street address)	
New Registered Office Address:	N/A, Flo	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		the position.
	· A / N	
Signature of N	lew 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)

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.

Example:	.,		
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		EHRISTOPHER RAMOS	13393 SW 131 STREET
X_ Add			MIAMI, FL 33186
Remove			
2) Change		NA	
Add			
Remove			
3 ) Change		NA	
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		NA	
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

. 1	sheets, if necessary).	(be specific)			
Na				<u> </u>	<u> </u>
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	·		- <u>-</u>		
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				<del>-</del>	
	<del></del>				
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			<u> </u>		
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an amendmei	t provides for an excha	ange, reclassificat	ion, or cancellatio	on of issued shares	<u>i.</u>
if not app	mplementing the amen cable, indicate N/A)	dment it not cont	amed in the anter	idilient itsen:	
N/A.	·				
NIK					
					<del></del>
	<del></del>				

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	J.	
Effective date if applicable:	re than 90 days after amendment file date)	<del></del>
(no moi	re inan 90 days after amenament fite date)	
<b>Note:</b> If the date inserted in this block does not meet the document's effective date on the Department of State's re-		e will not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en		11
"The number of votes cast for the amendment(s)	was/were sufficient for approval	
by		
(voting group	<i>?)</i>	
☐ The amendment(s) was/were adopted by the board of caction was not required.	directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorpora action was not required.		
Dated 03-13-2019	ther officer – if directors or officers have not been	
Signature	ζ	
(By a director, president or o	ther officer – if directors or officers have not been	
selected, by an incorporator appointed fiduciary by that fi	<ul> <li>if in the hands of a receiver, trustee, or other court iduciary)</li> </ul>	
Hent	ny Hermodez	
(Typed or	printed name of person signing)	
	resident	
	(Title of person signing)	