

P09000092382

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 28 P 4:32

FILED

*Amend
Returns
12-30-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Complete Comfort of South Florida Air Conditioning, INC

DOCUMENT NUMBER: P09000092382

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert T. Smith
Name of Contact Person

Complete Comfort of South Florida Air Conditioning, INC.
Firm/ Company

1221 NW 3rd Ave #227
Address

Pompano Beach, Florida 33060
City/ State and Zip Code

CompleteComfort76@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert T. Smith at (754) 235-8604
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 & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DEC 28 AM 11:00
CLERK OF THE
FLORIDA DEPARTMENT OF
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2009

COMPLETE COMFORT OF SOUTH FLORIDA AIR CONDITIONING, INC
ROBERT T SMITH
1221 NW 3RD AVE #227
POMPANO BEACH, FL 33060

SUBJECT: COMPLETE COMFORT OF SOUTH FLORIDA AIR CONDITIONING, INC
Ref. Number: P09000092382

We have received your document for COMPLETE COMFORT OF SOUTH FLORIDA AIR CONDITIONING, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 509A00038393

Articles of Amendment
to
Articles of Incorporation
of

Complete Comfort of South Florida Air Conditioning, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P0900009238A

(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:

N/A

The new 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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

N/A

_____, Florida
(City) (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.

N/A

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Robinson, Marquettia D.	1697 S. Kiekman Rd. Apt #302 Orlando, Florida 32811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Robert Smith Sr.	1221 NW 38th Ave #227 Pompano Beach, Fla. 33060	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Telly	1221 NW 38th Ave #227 Pompano Beach, Fla. 33060	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____

(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/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.

Dated

12-22-2009

Signature

Robert T. Smith

(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)

Robert T. Smith

(Typed or printed name of person signing)

President

(Title of person signing)