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



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SECRETARY OF STATE

Amend Newis 8-18-10

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: JENNIFER CASHMAN | NAME OF CORPO | PRATION: K.B.L. AIR | -CONDITIONING AND RE | FRIGERATION |
|--|--|--|---|-----------------------|
| Please return all correspondence concerning this matter to the following: JENNIFER CASHMAN | DOCUMENT NUM | IBER: | P10000016004 | |
| JENNIFER CASHMAN Name of Contact Person | The enclosed Article | s of Amendment and fee a | are submitted for filing. | |
| CALDWELL & WASHOFSKY, PA Firm/ Company 7501 NW 4TH ST, SUITE 112 Address PLANTATION, FL 33317 City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN Name of Contact Person at (954) 585-2216 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee | Please return all corr | espondence concerning th | is matter to the following: | |
| CALDWELL & WASHOFSKY, PA Firm/ Company 7501 NW 4TH ST, SUITE 112 Address PLANTATION, FL 33317 City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN Name of Contact Person at (954) 585-2216 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: [2] \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations | | | | |
| Firm/ Company 7501 NW 4TH ST, SUITE 112 Address PLANTATION, FL 33317 City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN Name of Contact Person at (954) 585-2216 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations | | N | Tame of Contact Person | |
| T501 NW 4TH ST, SUITE 112 Address PLANTATION, FL 33317 City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations | _ | CALDWI | | · |
| PLANTATION, FL 33317 City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN 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) Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations | | | Firm/ Company | |
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| City/ State and Zip Code JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN at (954) 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 JCASHMAN@KCCALDWELLCPA.COM 585-2216 Area Code & Daytime Telephone Number Enclosed & Daytime Telephone Number Street Address Amendment Section Division of Corporations | | | Address | |
| JCASHMAN@KCCALDWELLCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN at (954) 585-2216 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 & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certificate of Status Mailing Address Amendment Section Division of Corporations Division of Corporations | _ | | · · · · · | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JENNIFER CASHMAN | | С | City/ State and Zip Code | |
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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 (Additional copy is enclosed) Certified Copy (Certificate of Status (Additional copy is enclosed) Mailing Address | For further information | on concerning this matter, | please call: | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: \$\sumseternightarrow\$ \\$35 \text{Filing Fee} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(Additional Copy is enclosed)} \\ \text{Mailing Address} \\ \text{Amendment Section} \\ \text{Amendment Section} \\ \text{Division of Corporations} \\ \text{Division of Corporations} \end{arrow} \] | | | at (<u>954</u>) 58 | 5-2216 |
| | Name of | Contact Person | Area Code & Daytime Tele | phone Number |
| Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations | Enclosed is a check f | for the following amount n | nade payable to the Florida Departi | ment of State: |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | Certified Copy | Certificate of Status |
| Tallahassee, FL 32314 2661 Executive Center Circle | Amendment S Division of C P.O. Box 632 | Section forporations 7 | Amendment Section Division of Corporations Clifton Building | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

K.B.L. AIR-CONDITIONING AND REFRIGERATION, INC.

| | Articles of Amendmento | nt | |
|---|---|---------------------------|---|
| , , | Articles of Incorporati | on | FIIA |
| | of | | FILED ZOID AUG 13 A 9:55 TALLAHASSEE. FLORIOA |
| K.B.L. AIR-CONDITIONIN | IG AND REFRIGE | RATION, INC. | SECO AUG 13 |
| (Name of Corporation as curre | ently filed with the Florid | la Dept. of State) | ALLAHARY A 9:50 |
| | 000016004 | | ASSEE FISTAIR |
| (Document Num | nber of Corporation (if known | own) | CORIDA |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this I | lorida Profit Corporation | n adopts the following |
| A. If amending name, enter the new name of | f the corporation: | | The new |
| abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "progenies and the most contain the word "chartered," "progenies and the must contain the word "chartered," "progenies and the must contain the word "chartered," "progenies and the must be a supplicable of the must be a | fessional association," or licable: T ADDRESS) | | |
| If amending the registered agent and/or r new registered agent and/or the new registered. | | in Florida, enter the nam | ne of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street | address) | · |
| | (C:h.) | , Florida_ (Zip Code) | |
| | (City) | (Zip Coue) | |
| | | | |

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> | Name | Address | Type of Action |
|---------------|--|--|---------------------------------------|
| VP | ARSENIO ANDRES | 5041 WILES RD #202 COCONUT CREEK, FL 33073 | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| (attach addii | tional sheets, if necessary). (Be specific | | |
| provisions | dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A) | | |
| | | | , , , , , , , , , , , , , , , , , , , |
| · | | | |
| | | ne de Maria de Carlos de C | |

08-09-10:03:09PM:

| The date of each amendmen | (s) adoption: 03/29/2010 | |
|--|--|-----|
| Effective date if applicable: | (date of adoption is required) | |
| Enective date if applicable. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval. | (s) |
| | re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s): | 161 |
| "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. | re adopted by the board of directors without shareholder action and sharehold | ler |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| Dated | 8-9-10 | |
| Signature | 20030 | |
| (By | of a director, president or other officer if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | President: | |
| | (Title of person signing) | |