P1000041745

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
<u> </u>		

Office Use Only



000301999960

02/03/17--01008--003 **35.00

2017 AUG - 3 PM 4: 48 PALLAMASSEE FLORIDA

C. GOLDEN AUG - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLUE DIAMOND	AIR CONDITION INC.	
DOCUMENT NUMB	ER: P10000041765	· · · · · · · · · · · · · · · · · · ·	, <u></u>
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ı	RAMON E DEBESA		
-		Name of Contact Person	1
Į.	BLUE DIAMOND AIR CON	NDITION INC.	
-		Firm/ Company	
1	43 EAST 5ST STREET		
<u>-</u>	· <u> </u>	Address	
I	HIALEAH, FL 33012		
-	<u> </u>	City/ State and Zip Cod	9
BLUE	DIAMONDAIRCONDITIO	N@GMAIL.COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RAMON E DEBESA		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O.	ing Address Indirection Identification of Corporations Box 6327 Indirection of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

FILED

BLUE DIAMOND AIR CONDITION INC

2017 AUG - 3 PM 4: 48

(Name of Corpor	ation as currently filed with the	Florida Dept. of State)
	P10000041765	SECTION OF STATE
(Do	cument Number of Corporation (i	fknown)
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	rida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or i	orp," "Inc," or "Co". A profes.	
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
Cutan ann mailine address if annlianhlas	 ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
		
). If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
<u> </u>		
	(Florida street address)	
New Registered Office Address:		, Florida
New Negthered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent:	
hereby accept the appointment as registered ager	t. I am familiar with and accept	the obligations of the position.
	ignature of New Registered Agen	t, 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>şv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	TS		MISLEIDY QUINTANILLA	143 EAST 5ST STREET
X Add		 -		HIALEAH, FL 33010
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	inge, reclassification, or cancellation dment if not contained in the amen	n of issued shares, dment itself:

	JULY 1, 2017	i Carolina da cara da
The date of each amendment(s) date this document was signed.	adoption:	, it other than the
Effective date if applicable:		
 -	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The following group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and	shareholder
7/27/201	7	
Dated	87	
	7/	
Signature +	adrector, president or other officer – if directors or officers	have not been
	eted, by an incorporator – if in the hands of a receiver, trustee	
арро	sinted fiduciary by that fiduciary)	
	RAMON E DEBESA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	