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SEP () 5 2017

ATTN: Rebeca

COVER LETTER

TO: Amendment Section Division of Corporations

7

	4.1.		
NAME OF CORPORA	TION: Milian A	ir Conditionin	g & Services Corp.
DOCUMENT NUMBE	UUDDDD	61223	<i></i>
The enclosed <i>Articles of</i>	*Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Rita M	Milian	
_		Legitic of Colleges I crows	ning & Services Corp
		VW 150 km	
		i Lalles a	33018 -
_		City/ State and Zip Code	
	millanac 10 60 E-mail address: (to be us	yahov. Com ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Rita M	'. Milian	at (305	556-3706 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	urtment 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. 1	ng Address idinent Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ATN' Rebeca

		E 11
A	rticles of Amendment	FILED 17 SEP -5 PH 2:28
	to	17 SEP = 5 20
Art	ticles of Incorporation of	PH 2: 28
Milian Air Condition	ing 6 Service	J CAPAGE TOUR
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
Y 11000061223	5	
	nt Number of Corporation (if kno	own)
tursuant to the provisions of section 607.1006, Florida St is Articles of Incorporation:	tatutes, this Florida Profit Corp	voration adopts the following amendment
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abi	"Inc," or "Co". A profession	
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u> 	ECC)	
rnscipai ojjiće adarest <u>MUSI BE A SIKEET ADDKI</u>	<u></u>	
		
Enter new malling address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	·	
). If amending the registered agent and/or registered		er the name of the
new registered agent and/or the new registered of	<u>fice address;</u>	
Name of New Registered Agent		
,		
*****	(Florida street address)	
New Registered Office Address:		Theside
	(City)	(Ziv Code)
Naw Kamsimed (Mire Address:	(Fini)	, Florida
, , , , , , , , , , , , , , , , , , ,	,	(- -
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent;	

Signature of New Registered Agent, if changing

ATTN: Kebeca

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.

X Change	tol	n Doe	
X Remove	Y Mil	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Litle	Name	Address
1) Change	<u> </u>	Jose m. Arce	6030 SW 22NDST
X Add			Miami Pf 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			And the state of t
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			•
6) Change			
Add			w
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
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	ı ve vi			
If an amendment provides for an exch provisions for implementing the ame	ange, rectassification, on adment if not contained	d in the amendme	nt itself:	
(if not applicable, indicate N/A)	-			
				7.57
				
		·		
·	<u> </u>			
			-	

	doption:, if other the
date this document was signed.	
Effective date if applicable:	(no more than 90 days ofter amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed spartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
	opted by the incorporators without shareholder action and shareholder
action was not required.	
	127/17
action was not required. Dated	127/17 1/1/1/ naw
action was not required. DatedSignature(By a 5	granteer in other or director - if directors or officers have not been
DatedSignature(By a 5 selecte	
DatedSignature(By a 5 selecte	ed, of the accorporator — if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
DatedSignature(By a 5 selecte	of the decorporator - if in the hands of a receiver, trustee, or other court
DatedSignature(By a 5 selecte	ed, of the accorporator — if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)