P120000000004

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AUG 1 6 2018 I ALBRITTON

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: Chiller Medic, LAC.
DOCUMENT NUMBER: P12.000020024
The enclosed Articles of Amendment and fee are submitted for tiling.
Please return all correspondence concerning this matter to the following:
David Lampp, Jr.
Name of Contact Person
Chiller Medic Lnc.
Firm/ Company
2745 Industry Center Rd., Ste. 7
Address
St. Augustine, FL 32084
City/ State and Zip Code
davide chillermodic. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lampp, Ir.at (904), 814-9446Name of Contact PersonArea 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

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Articles of A	mendment
to to	
Articles of Inc	
of the second	
Chiller Medic, Inc	and the second sec
	v filed with the Florida Dept. of State)
P1200020024	y filed with the Florida Dept. of State)
	f Corporation (if known)
² ursuant to the provisions of section 607,1006. Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
 <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2745 Industry Center Rd., Ste7
	2745 Industry Center Rd., Ste7 St. Augustine, FL 32084
D. If amending the registered agent and/or registered office addu new registered agent and/or the new registered office address	
Name of New Registered Agent	
	try Center Rd., Ste. 7
(Florida str	cet address)
New Registered Office Address: St. Augustin	Ne Florida_ 32084
	(City) (Zip Code)

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<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.*

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)

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:

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<u>X</u> Change	<u>PT</u> <u>Jo</u>	<u>olun Doe</u>	
X Remove	<u>V M</u>	like Jones	
<u>X</u> Add	<u>SV Sa</u>	ally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Teresa Lampp	2745 Industry Center Rd.
K Add			Ste.7
Remove			2745 Industry Center Rd. <u>Ste. 7</u> <u>St. Augustine, FL 32084</u>
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. <u>If am</u>	ending or adding additional Articles, enter change(s) here:	
(Attac:	h additional sheets, (f necessary). (Be specific)	
		-
<u> </u>		
F. <u>Ifan</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
<u>prov</u>	(if not applicable, indicate N/A)	
*		

The date of each amendment(s) ad	loption:, if other than
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved 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.	ppted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	8443/18
selecte	rrector, president of other – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Prosident

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