P1200057664

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8/27/12 AW Amend

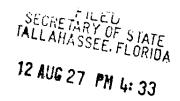
SECRETARY OF STATE
TALLAHASSEE: FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION:	COOL WIND CO	ORP	
DOCUMENT NUMBER	P1	2000057664		
The enclosed Articles of A	Amendment and fee are sul	omitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
	Y	OEL ARENCIBI	Α	
		Name of Contact Person	1	
	C	OOL WIND COR	₹P	
		Firm/ Company		
10695 SW 5TH STR			EET	
	Address			
	MIAMI, FL 33174			
City/ State and Zip Code				
	YOFI AREN	NCIBIA@HOTM	AIL.COM	
		ed for future annual report		
For further information co	oncerning this matter, pleas	se call:		
YOEL ARENC	IBIA	at (786	, 210-4402	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment 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		Street Address		
	ment Section	Amendment Section		
	n of Corporations ox 6327	Division of Corporations Clifton Building		
	issee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation



COOL WIND CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P12000057664 (Document Number of Corporation (if known)

endment(s) to

name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professi	The ne
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professi	
word "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation on all corporation name must contain to
B. Enter new principal office address, if applicable:	
(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)	
	· · · · · · · · · · · · · · · · · · ·
	,
D. If amending the registered agent and/or registered office address in Florida, onew registered agent and/or the new registered office address:	nter the name of the
Name of New Registered Agent	
- tame ty real regimered rigers	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

Signature of New Registered Agent, if changing

ttach <i>addition</i>	r adding additional Ar nal sheets, if necessary)	. (Be specific)			
					<u>-</u>
			·		
·					
			120		
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			-		
					· <u>-</u>
					· -
an amendm	ent provides for an exc	<u>change, reclassif</u>	ication, or cance	llation of issued sha	res,
rovisions fo	r implementing the am olicable, indicate N/A)	<u>rendment if not (</u>	contained in the a	<u>imendment itself:</u>	
(ց ոտ արլ	meane, marcule (VA)				
1 1 1	-				
·				- -	
					
<u> </u>					
					· <u> </u>

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DAVID PEREZ HERNANDE	4350 SW 129 ave
X Add			MIAMI, FL 33175
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			The state of the s
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) a	doption: 08/22/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes east	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	08/23/2012
Signature	
(By a c	Prector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
	YOEL ARENCIBIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)