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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
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C. GOLDEN JAN 1 3 2020

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Hamilton Heating and Cooling DOCUMENT NUMBER: P130000 08504
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Linden Name of Contact Person Hamilton Heating and Cooling Firm/ Company 197 S, MC2118d. Address Englewood, FL 341223 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vessica Linden at GUI 4741-2797 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
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to

2019	DEC	-9	AHT	0:	43
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Articles	of Incorporation	2019 DEC -9 AH
Hamilton Heating:	e" Cooling,	Inc.
(Name of Corporation as cu	rrently filed with the Florida Dep	ot. of State)
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	6, this <i>Florida Profit Corporation</i> a	dopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>⟩n:</u>	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbrevia	" or "Co". A professional corpor	The new or the abbreviation ration name must contain the
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 new registered agent and/or the new registered office ad		me of the
Name of New Registered Agent	Bernabi	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
17+ (Flor	rida street address)	 .
New Registered Office Address: English	NOO C	, Florida 34223 (Zip Code)
New Registered Agent's Signature, if changing Registered A	å gent.	
I hereby accept the appointment as registered agent. I am fam	viliar with and accept the obligation	ns of the position.
Joseph Bu	New Registered Agent, if changing	
Signature of t	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.

X Change	PT John Doe	
X Remove	V Mike Jones	
\underline{X} Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	VP Daniel Hamilton	197 S. McCall Ro
Add		by leward, FL
X Remove		3423
2) Change	VP Karry Donakison	340 S. Indana Ave
<u> </u>	J	Dylewcca, M
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		· · · · · · · · · · · · · · · · · · ·
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sheets,	additional Articles, enter change(s) here: if necessary). (Be specific)	
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		allation of inneed above
rovisions for impleme	les for an exchange, reclassification, or cance nting the amendment if not contained in the	amendment itself:
(if not applicable, in	ndicate N/A)	
	~ 1.0	•
-		
		-
		-
		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 11/19/00 9 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $1/49/2019$	
Signature Land Landle	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
<u> </u>	
(Typed or printed name of person signing)	
President	
(Title of person signing)	