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## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: Untex Hechanical Services, Corp DOCUMENT NUMBER: P14000014486				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Hariangela Villaman Name of Contact Person  Vortex Mechanical Services, Corp Firm/Company  11613 NW 484h hane Address  Doral, Fl 33178 City/State and Zip Code  Vortex mechanical Services & gnail Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Harrangda Villaman at (305) 936-9479  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:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy Certificate of Status  (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation
of

Vortex Mechanical S	pervices Corp.
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P1H000014486	2
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
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	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1565 W 38th Place
	Hialeah, Fl 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11613 NW 48th Lane
	Doral, Fl 33178
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent Mariana	
1565 U	J 38+h Place
New Registered Office Address: Halear	(City) . Florida 3301 2 (Zip Code)
	ALEC MI
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the this tion.
	with and accept the obligations of the frequency of the f
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: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	re Jones	
X Add	<u>ŞV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	Carlos Hernández	11613 NW 48+1 Lane
Add			Doval, Fl 33178
X_ Remove			
2) 強 Change	_P_	Hariangela Villam	in 11613 NW H8th Land
Add			Doral, Fl 33178
Remove	. •	) O	
3) Change	NP	Carlos A. Hernández	11613 NW 48th Lane
Add Add			Doral, El 33178
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(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, document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amending by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.	archolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated August 16, 2017	
Signature	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or of	her court
appointed fiduciary by that fiduciary)	
Mariangela Villaman (Typed or printed name of person signing)	
(Typed of patient name of person signing)	
(Title of person signing)	