2140000 14486

(Requestor's Name)			
(Address)			
(Address	<u> </u>		
(City/Sta	te/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

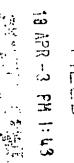
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	VORTEX MECHA	ANICAL SERVICES	
DOCUMENT NUMBER:			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
MARIA	NGELA VILLAMA	N	
		Name of Contact Person	n
VORTE	X MECHANICAL S	SERVICES	
		Firm/ Company	
11613 N	W 48TH LANE		
	•	Address	
DORAL	, FL 33178		
		City/ State and Zip Code	e
VORTEXME	CHANICALSERVIC	CES@GMAIL.COM	
		sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
MARIANGELA VILLAMAN		305 at (9269479
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:
	13.75 Filing Fee & ertificate 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 Add Amendment 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>(e</u>)
P14000014486		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s 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 "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nat	or the abbreviation
B. Enter new principal office address, if applicable:	11613 NW 48TH LANE	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FLORIDA 33178	
		(E)
		न न
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 5 E
(Muning numress MAY BE A FOST OFFICE BUX)	T PN'IL	
		<u> </u>
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	<u>!</u>
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)

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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change	V		CARLOS A. HERNANDEZ	11613 NW 48TH LANE
Add				DORAL, FL 33178
X Remove				
2) Change	<u></u>	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<u> </u>
Add				
Remove				
6) Change		_		
Add		_		
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of is provisions for implementing the amendment if not contained in the amendmen (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendmen		
provisions for implementing the amendment if not contained in the amendmen		
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provisions for implementing the amendment if not contained in the amendmen		
provisions for implementing the amendment if not contained in the amendmen	sued shares.	
(if not applicable, indicate N/A)	t itself:	
	·	
	_	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	an 90 days after amendment file date)
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the ls.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by(voting group)	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	etors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
03/24/2018 Dated	<u> </u>
Signature	Clube.
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
MARIANGELA VILLA	MAN
(Typed or prin	nted name of person signing)
PRESIDENT	
T)	itle of person signing)