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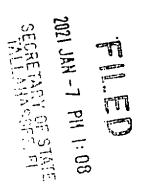
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: HMAdor AC Services Corps. DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person AMAJOI AC SOSVICOS COIB. 1015 W 50 PL Address Hindorph F-L 33012
City/State and Zip Code E-mail address: (to be used for future aprilla report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 261-068/
Area 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 & **□\$43.75** Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 JAN -7 PH 1: 08

HMADOR AC SUSTVI	COS GORD.
(Name of Corporation	n as currently filed with the Florida Dept of Sfafe TARY OF STATE
HMAdor AC SUSTUIN (Name of Corporation P14000029591	MALLAHASSEE, FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
name must be distinguishable and contain the word "cor	The new reportation, ""company, " or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	
 If amending the registered agent and/or registered new registered agent and/or the new registered or 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(Ciny) (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
Signal	ture of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P.omoto			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, covisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

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date this document was signed.	/ /	
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does document's effective date on the Department		equirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. It ing group entitled to vote separately on the	
"The number of votes cast for the ar	mendment(s) was/were sufficient for appro	val
by		
6	(voting group)	
Dated / 2 /2 7/	1000 10-6:	
(By a director, preselected, by an i	resident or other officer – if directors or off incorporator – if in the hands of a receiver, iary by that fiduciary)	
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<u> </u>	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·