## P140000004054

(Re	questor's Name)	
(Ad	dress)	<del> </del>
(Ada	dress)	
(Cit	y/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		į
		1

Office Use Only



600280739426

01/11/16--01011--010 \*\*35.00

FILED 2016 JAN 11 PH 1: 25 RECONTASSES FERRISE

Manech

JAN 13 2015 I ALBRITTON

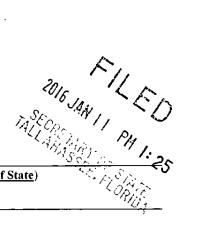
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: M &M REFRIGEI	RATION OF CENTRAL F	LORIDA INC		
DOCUMENT NUM			<u> </u>		
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	DOMENIC H CALICCHIA				
		Name of Contact Person	1		
	PROFESSIONAL ACCOUNTING SERVICES OF BREVARD INC.				
		Firm/ Company			
	1520 BOTTLEBRUSH DR N	NE			
	Address				
	PALM BAY, FLORIDA 329	005			
		City/ State and Zip Code	2		
DCP.	ASTAX@BELLSOUTH.NET	•			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
DOMENIC H CALICCHIA		at ( 321	951 8878		
Name	of Contact Person	Area Co	de & 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 & 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)		
	iling Address		Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



(Name of Corporation as currently for P14000064054	iled with the Florida Dept. of State)
/D	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BCB AIR CONDITIONING & REFRIGERATION INC.	The
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P./	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2026 MICHELS DRIVE NE
(Principal office address MUST BE A STREET ADDRESS)	
	PALM BAY, FLORIDA 32905
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 new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address) .
	, Florida
New Registered Office Address:	, i forida

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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change				
2) Change Add		_		
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del>-</del>		
Add				
Remove				
6 Channa				
6) Change				
Add				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del> </del>	
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor approximation) mandate 1971,	

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ick does not meet the applicable statutory filing requirements, this date wartment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
JANUARY (	5, 2016	
Signature	MAN	
(lly a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	<del></del>
(	CLIFFORD A BARBER	
_	(Typed or printed name of person signing)	
I	PRESIDENT	
<del>-</del>	(Title of person signing)	