## P15000042410

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HYD Services Co	orp	
DOCUMENT NUMB	P15000042470		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Humberto Morejon		
-		Name of Contact Persor	1
-		Firm/ Company	
	11399 NW 88 Ave		
-		Address	
	Hialeah Gardens, FL 33018		
•		City/ State and Zip Code	ي
Humb	e39@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Humberto Morejon		at (	dc & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HYD Services Corp (Name of Corporation as currently filed with the Florida Dept. of State) P15000042470 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: HYD Air Conditioning Corp name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	V	Denise Bosch	11399 NW 88 Ave
x Add			Hialeah Gardens, FL 33018
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			100
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	<u> </u>	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
u	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.		, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	t meet the applicable statutory filing requirements, tate's records.	this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	nareholders. The number of votes cast for the amend proval.	lment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	shareholders through voting groups. The following so roup entitled to vote separately on the amendment(s	statement ;);
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by	u u	
(voting	g group)	
action was not required.	pard of directors without shareholder action and shar	
action was not required.	corporators without shareholder action and sharehold	der
December 15, 2017 Dated		
Signature	<u>-</u>	
(By a director, preside selected, by an incorp appointed fiduciary by	ent or other officer – if directors or officers have not corator – if in the hands of a receiver, trustee, or othe by that fiduciary)	been er court
Humberto Mo	rejon	
(Ту	ped or printed name of person signing)	
President	HMY	
<del></del>	(Title of person signing)	