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COVER LETTER

TO: Amendment Section **Division of Corporations** Swartz Cooling & Heating, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Swartz Name of Contact Person Swartz Cooling & Heating, Inc. Firm/ Company 3024 Junction Street Address North Port, FL 34288 City/ State and Zip Code swartzman1977@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Swartz Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to **Articles of Incorporation**

Article	s of Incorporation	· •
Survey Cook and A	of	ES OF T
Swartz Cooling & Heating, Inc.		
(Name of Corporation as c	urrently filed with the Florida Dep	ot. of State)
(Document Nu	mber of Corporation (if known)	ं स
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation a	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	cion:	
N/A		The new
name must be distinguishable and contain the word "corp". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbreviation.	," or "Co". A professional corpor iation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	N/A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		me of the
Name of New Registered Agent N/A		
(Fle	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ns of the position.
Signature of	f 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	D		Craig Bokros	415 Albee Rd. West Unit #4
X Add				Nokomis, FL 34275
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Charac				
6) Change				
Add				
Remove				

	nal sheets, if nece	ssary). (Be spec	ific)			
I/A						
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	<u></u> .					
				· · · ·		
N. M.						
If an amendm	ent provides for	an exchange, recl	assification, or	cancellation of	issued shares,	
provisions fo	<u>r implementing t</u> plicable, indicate	he amendment if	not contained in	n the amendme	nt itself:	
(g not up _l [/ A	menoie, materie	IVA)				
						
						- Lange - Lang

The date of each amendment(s) date this document was signed.	adoption:			, if other than th
Effective date <u>if applicable</u> :	•			
	(no	more than 90 days after	amendment file date)	
Note: If the date inserted in this document's effective date on the I			ry filing requirements, thi	is date will not be listed as th
Adoption of Amendment(s)	(CHECK	ONE)		
The amendment(s) was/were as by the shareholders was/were			votes cast for the amendm	ent(s)
☐ The amendment(s) was/were a must be separately provided for				
"The number of votes can	st for the amendmen	t(s) was/were sufficient	for approval	
by		гоир)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting gr	oup)		
The amendment(s) was/were a action was not required.	dopted by the board	of directors without share	reholder action and shareh	nolder
☐ The amendment(s) was/were a action was not required.			lder action and shareholde	er
Dated	20/2016			
Signature	/			
(By a		tor – if in the hands of a	tors or officers have not b receiver, trustee, or other	
	Jason Swartz		-	
•	(Турес	d or printed name of pers	son signing)	TALL
	President			ALLAHI SECHET
		(Title of person sig	;ning)	25 PH 3: 02