P150000 93537

(Requ	estor's Name)	
(Addre	:5s)	-
(Addre	ess)	
(City/9	State/Zip/Phone	a #0
(Only)	nate/Zip/i fion	c # <i>)</i>
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	na Officer	
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Office Use Only



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SECRETARY OF STATE
AND ARREST FROM 15.

WAR 22 7 CHROEDEF

COVER LETTER

TO: Amendment Section Division of Corporation	ıs	ø	
NAME OF CORPORATION		С	
DOCUMENT NUMBER:	P15000093537		
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this mat	ter to the following:	
CARI	LOS DE JESUS		
	· . · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
		Firm/ Company	
3650	N 56 AVE #517	,	
		Address	
HOL	LYWOOD, FL 33021		
		City/ State and Zip Code	0
can	nil2820@gmail.com E-mail address: (to be us	sed for future annual report	notification)
For further information cone	erning this matter, pleas	se call:	
CARLOS DE JESUS		at (305	748-8226
Name of Con	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	343.75 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)
	nt Section of Corporations	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

CARLOS 2289 INC		
(Name of Corporation a	as currently filed with the Florida Dept. of State)	
P15000093537		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corpo	oration:	
CM AIR CONDITIONING INC	The	new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp." "word "chartered," "professional association," or the abbi		viation uin the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
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 of new registered agent and/or the new registered office		
Name of New Registered Agent N/A		
		= 7
	(Florida street address)	19 , SECR
New Registered Office Address:	(City) Florida (Zip Code)	PR 15 MH
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		ENSEM FRED CAN
The second of th	200	38
Signatur	re 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)

Remove

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 D	<u>oc</u>		
X Remove	<u>V</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			
Add				<u> </u>	
Remove					
3)Change				19 API SECRE	
Add				PR HAS	
Remove				NSSEE	
4) Change		_		19 APR 15 AM 18: 32 ECRETARY OF STATE L. AHASSEE, FLORIDA	
Add				32 	
Remove				<u> </u>	
5) Change					
Add					
Remove					
6) Change		_			
Add					

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	.,,		
	E A	19 A	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	SS	APR I	7
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	の20 70年 170日	15	
(у погаррисаоте, такие имм)	E S	AM	T D
	25	क्य 3 <u>2</u>	\
		rο	
			

	option:	, if other than the
ate this document was signed.		
ffective date if applicable: 04	/08/2019	
	(no more than 90 days after amendment file date))
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	is, this date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes east for the ame ficient for approval.	endment(s)
The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	ng statement nt(s):
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
The amendment(s) was/were adoption was not required.	sted by the incorporators without shareholder action and sharel	holder
Dated04/08/20	019	
/	2 <i>//</i>	
Signature	1973.	
selected	ector, president or other officer - if directors or officers have, by an incorporator - if in the hands of a receiver, trustee, or of fiduciary by that fiduciary)	
	CARLOS DE JESUS	
-	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	SECRLIARY TALLAHASSTE
		ASS