## P15000100149

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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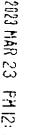
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SECRETARY OF STATI



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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRU APPLIANCE	C, CORP.			
DOCUMENT NUMB	ER: P15000100149				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	RAMIRO TRUJILLO ALEM	IAN			
•	Name of Contact Person				
-	Firm/ Company				
	321 Davis rd				
-	Address				
	Palm Springs, FL 33461				
<del>-</del>	City/ State and Zip Code				
	truappliancescorp@gmail.co	m			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call;			
RAMIRO TRUJILLO ALEMAN		at (	984-8096		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
S35 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

2023 MAR 23 PM 12: 3

## Articles of Amendment to Articles of Incorporation of

TRU APPLIANCE, CORP.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P15000100149	
(Document Num	iber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
TRUE AIR MECHANICAL, CORP.	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	on." "company." or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	- 1023
	THE RE
	スリー R 23 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元
C. Enter new mailing address, if applicable:	70 -<
(Mailing address MAY BE A POST OFFICE BOX)	
	12: 33 E. FL
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ldress:
N/A	
Name of New Registered Agent	
——————————————————————————————————————	ida street address)
N/A	
New Registered Office Address:	, Florida (City)
New Registered Agent's Signature, if changing Registered /	Agent:
Thereby accept the appointment as registered agent. I am fam	ниаг with and ассері те отіданоня ој те розиюн
Signature of 2	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 officeredirector 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	17.1	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change		N/A	
Add			<del></del>
Remove			
2) Change		N.A	
Add			
Remove 3 ) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
03/16/2023 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file da	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
Dated3/16/2023/	SECRETARY OF TALLAHAS
Signature  (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that tiduciary)  Rauino Thurillo A	r other court
(Typed or printed name of person signing)	,
$\mathcal{P}$	
(Title of person signing)	<del></del>

03/16/2023

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