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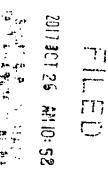
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ASK FOR COOL	AIR CONDITIONING, IN	C
	BER: P16000043140		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Thomas A Leuci III		
		Name of Contact Person	1
	832 SW 159 Terrace		
		Firm/ Company	, , , , , , , , , , , , , , , , , , ,
	Address		
	Sunrise FL 33326		
		City/ State and Zip Code	
askfo	rcool@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Thomas A Leuci		at (_) 801-1630
Thomas A Leuci at (954) 801-1630 Name of Contact Person Area Code & Daytime Telephone Number			le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	rtment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ASK FOR COOL AIR CONDITIONING, INC.

P16000043140	pormion no sull'el	ntly filed with the Florida Do	, , , , , , , , , , , , , , , , , , , ,		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the foll	owing ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A				The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associo	nation "Corp." "Inc," or	"Co". A professional corp		he abbrevi	ation
B. Enter new principal office address,	• •				
(Principal office address MUST BE A S		N/A			
		N/A		2017	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		ECT 20	n =
		N/A			
		N/A			_ O
D. If amending the registered agent an new registered agent and/or the new			ame of the	الم الم	•
Name of New Registered Agent	N/A				
A STATE OF THE STA	N/A				
•	(Florida .	street address)			
New Registered Office Address:	N/A		. Florida		
		(City)		(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia.	nt: r with and accept the obligation	ons of the posit	ion.	
	C' CN	Registered Soem if changin			

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	
\underline{X} Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	РТ	JTL Family Holdings LLC	822 SW 159 Terrace
X Add			Sunrise FL 33326
Remove			
2) Change	D	Thomas A. Leuci III	832 SW 159 Terrace
XAdd			Sunrise FL 33326
Remove			
3) Change	N/A	N/A	
Add			
Remove			
4) Change	N/A	N/A	
Add			
Remove			
5) Change	N/A	N/A	
Add			
Remove			
6) Change	N/A	N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	noneur ir not contained in the amendment Asen.
N/A	
•	
	· · · · · · · · · · · · · · · · · · ·

	N/A	Continuation along
The date of each amendment(s) date this document was signed.	adoption;	, if other than the
1	0/12/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by N/A	, w	
7	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/12/20	017	
DatedSignature	Vijel Kindley/	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)	
	Nigel Findley	
	(Typed or printed name of person signing)	
	President/CEO	
	(Title of person signing)	