## P16000056039

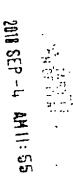
(R	lequestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to	o Filing Officer:		





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SEP 1 1/ 2019

## COVER LETTER

**FO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Octor Ave Conditioning Devices Cordocument Number: P1600056039	P
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:  Trances  Name of Contact Person	
Firm/ Company  PORTO Address  City/ State and Zip Code  City/ State and Zip Code	6
E-mail address: (to be used for future annual report notification)	<b>γ</b> ]

For further information concerning this matter, please call:

Frances Hernold at (SO) 7/39208

Name of Contact Person Area Code & Daytine Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee □\$43.7

☐\$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

Orta Air Conditio	ning Services Corp
(Name of Corporation as curren	(tly filed with th) Florida Dept. of State)
<u> </u>	056059
	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following a mandment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporate" Corp., " "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviated " "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1941 Abbey Rd **
	west Kilm Beach Fl 3341
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1941 Abbey Rcl #200
	Woot Pilm Beach FC 33411
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 + Change			<del></del>
Add			<del> </del>
Remove			
41 Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	cles, enter change(s) here: - (Be specific)		
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7.			
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			••
	ange reclassification or cance	llation of issued shares.	
If an amendment provides for an exclusions for implementing the ame	adment if not contained in the		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	amenument tiven.	
provisions for implementing the ame	ndment if not contained in the	anenument teen.	
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provisions for implementing the ame	ndment if not contained in the	anciument tisen.	

The date of each amendment(s) adoption: 8/30/16	, if other than the
Effective date if applicable:  (no more han 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer - if directors or officers have not been	-
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	ent
time of become affinite	