## P176000004735

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MOMENTUM AC SERVICES, INC. DOCUMENT NUMBER: P17000004735 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JONATHAN WAYSMAN Name of Contact Person JD & ASSOCIATES ASSET MANAGEMENT Firm/ Company 3300 HENDERSON BLVD, SUITE 206A Address **TAMPA, FL 33609** City/ State and Zip Code yoniwaysman@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917) 939-3627

Area Code & Daytime Telephone Number **ELIHERTZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

**Mailing Address** 

**\$35** Filing Fee

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

**□\$43.75** Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

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enclosed)

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment to Articles of Incorporation of

MOMENTUM AC SERVICES, INC.			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of S	<u>State</u> )
P17000004735			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address,	if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)			in the second
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	- 100 O T *
C. Enter new mailing address, if appl	icable:	NA	SSE 3 1
(Mailing address MAY BE A POST	OFFICE BOX)		
			<u>୍ରିଜ <b>ନ</b>୍ଦି</u>
			<u> </u>
D. If amending the registered agent ar	udlar registered affice ad	ldress in Florida, antar the name of	[ tha
new registered agent and/or the ne			<u> (IIC</u>
Name of New Registered Agent	NΑ		
	(Florida	street address)	
New Registered Office Address:	NA	Flo	orida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as regis			the position.
7 7 77	.,	,	•
	Signature of Van	v Registered Agent, if changing	
	orgnature of New	negmerea rigera, y 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: XChange	<u>PT</u>	John Do	<u>c</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	T		SAMMY O. MITCHELL	3300 HENDERSON BLVD		
X Add				SUITE 206A		
Remove				TAMPA, FL 33609		
2) Change		_				
Add						
Remove						
3 ) Change		<u>.</u>				
Add						
Remove						
4) Change		_		<u></u>		
Add						
Remove						
5) Change		_				
Add				<del></del>		
Remove						
6) Change						
Add						
_ Remove						

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NA	
	<del></del>
<del></del>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued	I shares,
provisions for implementing the amendment if not contained in the amendment itse	<u>lf:</u>
(if not applicable, indicate N/A)	
NA	
<del></del>	
<del> </del>	

	NA	:6 - <b></b>
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
NA		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wip partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
08/02/2017 Dated		
Signature		
(By_a.di	rector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Jonathan Doran	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	<del></del>