Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	fax Number	: (850)617-6380		
From:				
	Account Name	: SORSHER & ASSOCIAT	TES, LLC.	
	Account Numbe	r : I20170000056		
	Phone	: (954)842-2931		
	Fax Number	: (954) <b>842-</b> 2936		7(
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TO: Amendment Section

## COVER LETTER

Division of Co	prporations		
NAME OF CORP	ORATION: MAIN COMFO	RT, INC.	
DOCUMENT NUM	MBER: P17000037284		
The enclosed Article	es of Amendment and fee are	submitted for filing,	
	respondence concerning this m	=	
	KENYAZ, STAN		
	MAIN COMFORT, INC.	Name of Contact Person	on
	300 LAYNE BLVD 211	Firm/ Company	
	HALLANDALE, FL. 33009	Address	
		City/ State and Zip Cod	ie
	stansirhvac@yahoo.com		
	E-mail address: (to be u	sed for future annual repor	t notification)
For further information	on concerning this matter, plea	se call:	
KENYAZ, STAN		at (	) 632-7372
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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 Fcc Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida De			
P17000037284	<u>របក ១៤ភាជ្យា</u>	<u>(e)</u>	
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Plorida Statutes, this Florida Profit Corporation is Articles of Incorporation:	adopts the	following amer	ndinent(s)
A. If amending name, enter the new name of the corporation:			
ame must be distinguishable and contain the word "corporation," "company," or "incorporated inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation chartered, "professional association," or the abbreviation "P.A."	or the ab	The breviation "Con I contain the v	new rp ," vord
Principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)			
<del>-</del>			ر (ز)
Enter new mailing address, if applicable:	_ <del></del>	7020	
(Mailing address MAY BE A POST OFFICE BOX)			_ !
<del>_</del>			• •
		דו	
If amending the registered agent and/or registered office address in Florida, enter the na	me of the		-3
new registered agent and/or the new registered office address:	,	는	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:	, Florida		
(City)	.,	(Zip Code)	_
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appaintment as registered agent.—Lam familiar with and accept the obligation	s of the pos	sitiən.	
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. Example:

X Change	<u>PT</u>	John Doe	
X Remove	Ā	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DŽIANIS STAZHKOU	585 NW 2ND AVE
Add		_	BOCA RATON, FL 33432
Remove			
2) Change		<u></u> .	
Remove 3) Change			
^dd			
Remove			
4) Change			
Кепное			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addition. Attach additional sheets, if necess	sary). (Be specific)			
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an amendment provides for an provisions for implementing the	exchange, reclassificate	tion, or cancellation of	issued shares,	
(if not applicable, indicate N/	(A)	tamed in the amendme	ni usen:	
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The date of each amendment(s) date this document was signed.	adoption:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were si	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
☐ The amendment(s) was/were ap	proved 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
hy	<u> </u>
	(voting group)
09/15/202( Dated	
Signature	Stan Kenyaz rector, president or other officer - if directors or officers have not been
selecto	rector, president or other officer – if directors or officers have not been  I. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	KENYAZ, STAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)