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(((H17000300527 3)))



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November 15, 2017

FLORIDA DEPARTMENT OF STATE

ITALIAN REFRIGERATION SERVICE, CORP

528 W 17 ST

HIALEAH, FL 33010

SUBJECT: ITALIAN REFRIGERATION SERVICE, CORP

REF: P17000079301

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME OF THE CORPORATION IS MISSPELLED. PLEASE AMEND ACCORDINGLY.

ON PAGE 2 OF 4, PLEASE PUT THE NAME OF THE INDIVIDUAL INSTEAD OF CHANGE OF ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please $cal\bar{1}$ (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H17000300527 Letter Number: 817A00023095



Articles of Amendment to Articles of Incorporation of

ITALIAN REFRIGERATION SERVIC	E, CORP		
(Name	of Corporation as curre	atly filed with the Florida Dept. of S	State)
P17000079301 .			
	(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 following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." of	r "Co". A professional corporation n "P.A."	i" or the abbreviation name must contain the
B. Enter new principal office address,	lf applicable:	790 WEST 20 STREET	
(Principal office address MUST BE A S	TREET ADDRESS)	STE: 104	香物
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HIALEAH, FL 33010	
		790 WEST 20 STREET	新公里日
		STE: 104	8: 2
		HIALEAH, FL 33010	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office as w registered office addr	ddress in Florida, enter the name of ess:	the
Name of New Registered Agent	CHANGE OF ADDRE	SS	
	790 WEST 20 STREET	STE: 104	
	(Florida	street address)	
New Registered Office Address:	HIALEAH	, Flo	ліda
		(City)	(Zip Code)
New Registered Agent's Signature, If of Thereby accept the appointment as regis	hanging Registered Ag tered agent. I am famili	ent: or with and accept the obligations of t	the position.
<i>(</i>	3/1/ (Vu-	·
<u> </u>	Signature of New	w 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 Doc	
X Remove	<u>v</u>	Mike_Jones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addree</u> s
1) Change	VP	ALEXIS PENA AGUILAR	790 WEST 20 STREET
XX Add			STE: 104
Remove			HIALEAH, FL 33010
2) XX Change	P	CHANGE OF ADDRESS	790 WEST 20 STREET
			STE: 104
Add			HIALEAH, FL 33010
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
R am ove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
-	
•	
	
	and a second section of cancellation of issued shares.
If an amendment provides for an ext	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	lendment if not contained in the autonoment tions.
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	lendment if not contained in the autonoment tions.
provisions for implementing the am	lendment if not contained in the autonoment tions.
provisions for implementing the am	lendment if not contained in the autonoment tions.
(if not applicable, indicate N/A)	lendment if not contained in the autonoment tions.
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(if not applicable, indicate N/A)	lendment if not contained in the autonoment tions.
(if not applicable, indicate N/A)	lendment if not contained in the autonoment tions.

	11/13/2017	
The date of each amendment(s) ado date this document was signed.	ption:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dept	ck does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendme icient for approval.	nt(s)
The amendment(s) was/were appromust be separately provided for a	oved by the sharcholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	lle la	
(By a dir selected,	ctor, president or other officer - if directors or officers have not be by an incorporator - if in the hands of a receiver, trustee, or other of d fiduciary by that fiduciary)	en ourt
F	rancesco spada vecchia	
_	(Typed or printed name of person signing)	
F		
-	(Title of person signing)	