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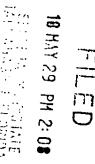
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Jim Cary Air Conditioning Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathryn Kivera
Name of Contact Person Jim Cary Air Conditioning JCAC Coldair @ gmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathryn Rivera at 407 953-4402

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED

## Articles of Amendment

to

Articles of Incorporation

18 MAY 29 PM 2: 08

of C	SEPRETARMED STAIL TAIL THAS TE FEURIDA
Name of Corporation as currently f	nditioning Inc
P170008  (Document Number of C	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	prida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent Randall	Boyd
7501 Citrus Ave.	# 1809
(Florida street	
New Registered Office Address: Goldenrod	, Florida <u>3</u> 2733
(C	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.

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	<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	<u>\</u>	Randall Boyd	7501 Citrus Ave \$1809
🗶 Add			Goldenrod Fl 32733
Remove			
2) Change		N/A	N/A
Add			
Remove		4110	
3 ) Change		NA	NA
Add			
Remove			
4) Change		NIA	NIA
Add			
Remove			<del></del>
5) Change		NA	NA
Add			<del></del>
Remove			<del> </del>
6) Change		NA	N/A
Add			
Remove			

	ry). (Be specific)	
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If an amendment provides for an	exchange, reclassification, or cancellation of issued sha	res,
	amendment if not contained in the amendment itself:	<del></del>
provisions for implementing the		
if not applicable, indicate N/.	4)	
provisions for implementing the	NIA	
provisions for implementing the	NIA	
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★ * 1 *	. 110	
The date of each amendment(s) adoption: date this document was signed.	NIH	, if other than the
Tevantina data if amalian blos	5-23-18	
Effective date if applicable:	5 · 23 - 18 (no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Department	s not meet the applicable statutory filing require	
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient t	the shareholders. The number of votes cast for the or approval.	ne amendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amer	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	N/A (voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and	sharcholder
Dated5_	23-18	
Signature (Dec. disease)	2.3-18  a let president or other officer - if directors or officers	huve mut heen
selected, by an	incorporator – if in the hands of a receiver, trusted iary by that fiduciary)	
	Tames H Cary (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	P	
<del></del>	(Title of person signing)	