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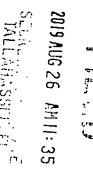
(Requ	estor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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C KINS.

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>LOTIONG</u> C	Compart Cooling
DOCUMENT NUMBER: PIMOCOO	98327
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
- Douc!	Tayafa fado ame of Contact Person
National Co	Firm/ Company
9875 Mor	nego bay Drive
Cutierba	Address YFL, BB189
Ci	ity/ State and Zip Code
NCH MAICONFOI+C E-mail address: (to be used fo	Coling & Johoo. Com or future annual peport notification)
For further information concerning this matter, please call	l:
David Tayafa Favo Name of Contact Person	aī (Any-) 786-759-5943 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:
Certificate of Status (A	\$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	Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

MOTOR COMPACE	colina
(Name of Corporation as currently	iled with the Florida Dept. of State)
(Document Number of C Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	
·	
A. If amending name, enter the new name of the corporation:	
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.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	් ය
New Registered Office Address: (Florida street) New Registered Office Address:	address) Drive address) Florida 33189 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position. istered 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	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Şa</u>	Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	Moreno, Aafael 13	10970 NW 14th ave Ap+#20
Remove			Miami, FL 33165
2) Change Add			
Remove			****
3) Change			
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			

	itional Articles, enter necessary). (Be speci	ific)			
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an amendment provides t	<u>for an exchange, recb</u>	assification, or can	cellation of issued s	shares,	
provisions for implementing	ng the amendment if	not contained in the	e amendment itself	<u>:</u>	
(if not applicable, indic	cate N/A)				
			—,-, - ·		
	<u></u>				
				-	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 8-23-2019	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dateoument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8-22-2019	
Signature	
(By a director, president or other offsets - if directors or officers have not been	_
selected, by an incorporator—If in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	τ
David Tarafai Favo	
(Typed or printed name of person signing)	
Owner of Company (Title of person signing)	