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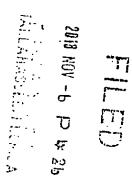
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Precis	e Air Conditioner				
DOCUMENT NUMBER: P 18 000 000 507 6					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Adeian	Name of Contact Person				
Precise	Airz Conditioners Firm/ Company				
	• •				
3420 Caloosa st					
	Address				
Naple	5 FL 34112 City/ State and Zip Code				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Adriana Abad Leyva at (305) 619 95 43  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made pay	Pable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \$\\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of	•
Precise Air Condin	tioner
	v filed with the Florida Dept, of State)
P18000 000 50+6	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<i>√.</i> ∧	
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 "I	O A professional componential transfer to the second
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Daples FL 34112
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N.A
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Adviana	
New Registered Office Address: Naples	•
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of Nov For	eaf T
orginaare of <b>N</b> ew Reg	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.

Example: XChange	<u>PT</u> <u>Joh</u>	n Doe		
X Remove	V Mik	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>P</u>	ARIEL SOCARIRAS	3420 CaLOOSAST Naples FL 34112	
Add			Naples FL 34112	
_X_ Remove			<del></del>	
2) Change Add	<u>P</u>	Adriana Abad	3420 CaloosAst Nables EL 34112	
Remove				
3)Change	I	AirieL SUCARRIAS	21/20 CALOOSAST Naples FL 34/12	
<u></u> ⊀ Add			Naples FL 34112	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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

. . . .

date this document was signed		, if other than the
Effective date if applicable:	20 verbe 12/05/2-018 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	bes not meet the applicable statutory filing requirements, this not of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment for approval.	it(s)
☐ The amendment(s) was/were approved be must be separately provided for each vo	by the shareholders through voting groups. The following state, of the shareholders through voting group entitled to vote separately on the amendment(s):	ment
	amendment(s) was/were sufficient for approval	
by	(voting group) "	
	(voting group)	
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder	der
Dated Nover	ber 105 /2018	
(By a director, ) selected, by an	president or other officer – if directors or officers have not bee incorporator – if in the hands of a receiver, trustee, or other co ciary by that fiduciary)	n urt
	Ariel Socarulas Adela (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	· <del></del>
	P	
	(Title of person signing)	

. . . .