P18000010662

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SUB ZERO TX CORP DOCUMENT NUMBER: P18000010662 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARMEN R DANIEL Name of Contact Person ALVAREZ TAGLE FINANCIAL SERVICES INC Firm/ Company 15511 SW 152ND LN Address MIAMI, FL, 33187 City/ State and Zip Code CRDASSOCIATESINC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROSSANA E MARQUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SUB ZERO TX, CORP			
(Name of Corporation	n as currently filed with the Fl	orida Dept. of State)	_
P18000010662			
(Docume	nt Number of Corporation (if kr	nown)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida 9 its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amenda	ment(s) to
A. If amending name, enter the new name of the corp	poration:		
		The n	ew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the air B. Enter new principal office address, if applicable:	"Inc," or "Co". A profession		
(Principal office address MUST BE A STREET ADDR	<u>tess</u>)	·	_
		18 FE	-
C. Enter new mailing address, if applicable:	•		F
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		77 R	- [- []
		2:	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ter the name of the	_
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida (Zip Code)	_

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	LESSLY COROMOTO FERNAND	0E 8540 SW 133RD AVE ROAD.
XAdd			APT 105
Remove			MIAMI, FL 33183
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

E. <u>If amendi</u> (Attach <i>ada</i>	ng or adding addit ditional sheets, if ne	ional Articles, ent cessary). (Be spo	<u>er change(s) her</u> ecific)	<u>e</u> ;		
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. <u>If an ame</u>	ndment provides f ns for implementin	or an exchange, re	eclassification, o	cancellation of is	sued shares,	
(if no	ot applicable, indica	te N/A)	n not contained	in the amendmen	Cusen.	
∜A						
<u> </u>	· •					
				-		
				-		

2/14/2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	_
(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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s)	
"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 share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 2/14/18 A. Signature Arthropy raud.	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
ROSSANA E MARQUEZ DIAZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	