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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Pro Air Solutions of	of FL Corp			
DOCUMENT NUM	010000060470			1,7-35 · · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	s of Amendment and fee are su	bmitted for fili	ng.		
Please return all corre	espondence concerning this ma	tter to the follo	wing:		
	Joshua Robert Schoenfeld				
		Name of C	ontact Persor	1	
	Pro Air Solutions of FL Corp	ı			
	· · · · · · · · · · · · · · · · · · ·	Firm/ (Company		
	691 NE 21st Ave				
		Ad	dress		
	Homestead, FL, 33033				
		City/ State	and Zip Code	e	
		-	•		
adm 	in@proairsolutions.us				
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further informati	on concerning this matter, pleas	se call:			
or tartier information	on concerning this matter, pieus	c can.			
Joshua Robert Schoenfeld		at :	305	501-1652	
Name	of Contact Person	~	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	navable to the	Florida Dena	ertment of State:	
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\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional cnclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street	Address .	
Amendment Section			Amendment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pro Air Solutions of FL Corp (Name of Corporation as currently filed with the Florida Dept. of State P18000050478 2019 HAY 10 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to TALLAHASSEE IF LORIDA its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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. 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.

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Patricia Pardinas	691 NE 21st Ave
Add			Homestead, FL, 33033
X Remove			
2) X Change	D	Joshua Robert Schoenfeld	691 NE 21st Ave
Add			Homestead, FL, 33033
Remove			
3) Change	D	Kenneth Steven Ramirez	13972 SW 272nd Street
XAdd			Homestead, FL, 33032
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
if an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
5/3/2019 Dated	- Lad	
(By a di	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Joshua Robert Schoenfeld	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	