## P180000 73035

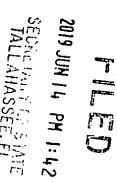
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	& H APPLIANCE SERVICES & REPAIRS INC
DOCUMENT NUMBER:P18000	073035
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
MARCOS TOI	EDO VELAZQUEZ
<del></del>	Name of Contact Person
M & H APPLIA	ANCE SERVICES & REPAIRS INC
	Firm/ Company
807 SW 11TH	AVE
	Address
CAPE CORAL	, FL 33991
	City/ State and Zip Code
TLCOFFICER@GM.	AIL.COM
	ress: (to be used for future annual report notification)
	,
For further information concerning this	s matter, please call:
MARCOS TOLEDO VELAZQUEZ	904 450-1095 at (
Name of Contact Perso	n Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
	illing Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status
Mailing Address Amendment Section Division of Corpora P.O. Box 6327	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

M & H APPLIANCE SERVICES & REPAIRS INC

(Name of Corporation as cur	rently filed with the Florida Dept. of S	tate)	
P18000073035			
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts	the following amendment(s)	
A. If amending name, enter the new name of the corporation	<u>n:</u>		
AC PROFESSIONAL COOLING & HEATING INC		The new	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation	" or the abbreviation	
B. Enter new principal office address, if applicable:	807 SW 11TH AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CAPE CORAL, FL 33991		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	807 SW 11TH AVE		
	CAPE CORAL, FL 33991		
		201 SE T.	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		2019 JUN 14 SECRETAN	
Name of New Registered Agent	N/A		
(Florid	da street address)	5	
New Registered Office Address:	N/A , Flor	ida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: iliar with and accept the obligations of th	e position.	
<b>\</b>	IIA		
Signature of N	lew Registered Agent, if changing	<del></del>	

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>	Address
1) Change			<del></del>
Add			
Remove			
2) Change		-N1A	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

n amending or add Attach <i>additional si</i>	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)
-	
	~ 1
•	<u> </u>
•	
	<del></del>
f an amendment p	provides for an exchange, reclassification, or cancellation of issued shares,
	ble, indicate N/A)
(ij noi appnea	michie (m)
	,
- <del>-</del> -	
<del></del>	

The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.	NIA	
Effective date <u>if applicable</u> : (no m	ore than 90 days after amendment file a	late)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>ONE</u> )	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval		amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group e		
"The number of votes cast for the amendment(	s) was/were sufficient for approval	
by	*1	
(voting grou	up)	
The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and sh	archolder
Dated	10/2019	
Signature		
	other officer – if directors or officers har – if in the hands of a receiver, trustee,	
appointed fiduciary by that		or other court
Marcos	tole do Velaz ques or printed name of person signing)	
(1 yped c	or printed name of person signing	
	resident	
ι	(Title of person signing)	