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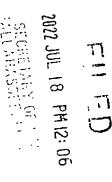
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(Document Number)
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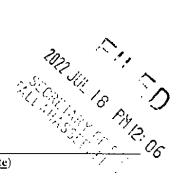
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OLIVA REFIGER	ATION INC	
DOCUMENT NUMB	ER: P19000033061		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS M OLIVA GONZALE	Z.	
-		Name of Contact Person	1
1	OLIVA REFRIGERATION	INC	
-		Firm/ Company	
	1104 W 11TH ST	Time Gempuny	
-		Address	
	LEHIGH ACRES, FL 33972		
-	171.	City/ State and Zip Code	<u></u>
		•	-
•	OLIVAREFRIGERATION@		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	6		
LUIS M OLIVA GON	ZALEZ	at (²³⁹) 6924880 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



OLIVA REFRIGERATION INC.

/Name of Community	A COLD TO THE TOTAL TOTAL TO THE TOTAL TOT	
(Name of Corpora) 219000033061	ation as currently filed with the Florida Dept. of State)	· · · · ·
(Doct	cument Number of Corporation (if known)	
tursuant to the provisions of section 607,1006, Flori s Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following a	imendment(
. If amending name, enter the new name of the	corporation:	
ame must be distinguishable and contain the word " Inc.," or Co.," or the designation "Corp," "Inc chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain t	he new "Corp.," he word
Enter new principal office address, if applicab	ble:	
Principal office address MUST BE A STREET AL		
		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
. If amending the registered agent and/or regist	tered office address in Florida, enter the name of the	
new registered agent and/or the new registered	ed office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Clouido	
Ten regimera Office indices.	, Florida, Florida	 'e)
	(City) (Zip Cod	'e)
ew Registered Agent's Signature, if changing Re	egistered Agent:	
nereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.	
Sim	nature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ASHLEY A OLIVA GONZALEZ	1104 W 11TH ST
X Add			LEHIGH ACRES, FL 33936
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for impleme	enting the amer	ange, reclassifica adment if not con	ation, or cancellation	on of issued shares,	
f an amendment provio provisions for impleme (if not applicable, in	enting the amer	ange, reclassific; idment if not co	ation, or cancellation ntained in the ame	on of issued shares, adment itself:	
provisions for impleme	enting the amer	ange, reclassificand ment if not con	ation, or cancellation ntained in the ame	on of issued shares, adment itself:	
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provisions for impleme	enting the amer	ange, reclassific: ndment if not co	ation, or cancellation the ame	on of issued shares, adment itself:	

The date of each amendment(s) date this document was signed.	adoption:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
	(voting group)
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	LUIS M OLIVA GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)