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Thank

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Reef Air Conditioning Corporation				
DOCUMENT NUMBER: P 19000038421				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marialaina DeVigili				
Marialaina De Vigili  Name of Contact Person  Reef Air Conditioning Corporation  Firm/Company  1950 NE 6th St. Unit # 751				
1950 NE 6th St. Unit #751				
Ponparo Beach FL 33061  City/ Stale and Zip Code				
Veefair conditioning a hotmail · com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joe DeVigili at (954), 682-6510  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

Reef Air Conditioning Cor	poration
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 19000038421	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation ".	20". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS )	-69 <b>-9</b>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Cionadon a CV D	asignment trains if alconoming
Mghature of New Ro	rgistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang 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	<u>\</u>	Joseph DeVigili	1950 NE 6th St. Unit 79 Pompano Beach, FL
X Add		,	Pompano Beach, FL
Remove			33061
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del>-</del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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/4)  Loseph Devigili—493	If amending or adding additional Arti (Attach additional sheets, if necessary).	
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The date of each amendment(s) adoption	on:	, if other tha
date this document was signed.	7/ 1000	
Effective date <u>if applicable</u> :	(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 of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this lent of State's records.	date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	nt(s)
	by the shareholders through voting groups. The following stat voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareho	older
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated7	11/2019	
SignatureWat	ana Devijili	
(By a director	r, president or other officer – if directors or officers have not be	
	an incorporator – if in the hands of a receiver, trustee, or other cluciary by that fiduciary)	ourt
	Marialana Devigili (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
, 	President	
	(Title of person signing)	