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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Joe Hillman Cooli	ng & Heating, Inc.	
	BER: P19000078055		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Roxeanne Oester		
		Name of Contact Perso	n
	Joe Hillman Cooling & Heat	ing, Inc.	
		Firm/ Company	
	2280 SW 70th Ave., #1-2		
		Address	
	Davie, Florida 33317		
		City/ State and Zip Cod	e
	E-mail address: (to be u	sed for future annual report	notification)
	r,-man address. (arric a.	sed ivi ididie aimdai report	. Hotticatem)
For further information	on concerning this matter, plea	se call:	
Roxeanne Oester		954 ar (577-9445
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address tendment Section rision of Corporations 0. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

Joe Hillman Cooling & Heating, Inc.				
(Name of Corporation	n as currently filed with the	Florida Dept. of State)		
P19000078055				
(Docume	int Number of Corporation (if	known)		
Pursuant to the provisions of section 607,1006, Florida tits Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	orporation adopts the follow	ving amendm	ient(s) to
A. If amending name, enter the new name of the cor	poration:			
			The net	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered." "professional association," or the abbrev.	or "Co" A professional co		ation "Corp.,	**
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		19 LL:	
C. Enter new mailing address, if applicable:			Allys State	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>			- -
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, e ffice address:	enter the name of the		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)	(7.	ip Coder	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. The	tered Agent: am familiar with and accept th	he obligations of the positio	n.	
Signati	me of New Registered Agent	it Avanaina		

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>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Numç</u>	<u>Addres</u> s
1) Change	0	Christopher DÁCTMAprix	2280 SW 70th Ave, #1-2
Add			Davie, Florida 33317
X Remove			
2) Change	()	Christopher D'Aprix	2280 SW 70th Ave, #1-2
XAdd			Davie, Florida 33317
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
3) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or addin</u> (Attach additional shee		onal Articles, enter change(s) here: essary) — (Be specific)	

	
F. 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 A)	
,, ,	
	
	···
	
Page 3 of 4	
The date of each amendment(s) adoption: \(\frac{10\lambda{4\lambda{0}19}}{\text{date this document was signed.}}\)	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Time of the control o	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
•	e approved by the shareholders through voting groups. The following statement d 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)
The amendment(s) was/web action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	12.4.19 1all
Signature	1 a //
(B)	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Joseph F. Hillman
	(Typed or printed name of person signing)
	President
	(Title of person signing)