## P20 0000 16097

| (Rec                                    | questor's Name)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL                                  |  |  |  |
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## **COVER LETTER**

| NAME OF CORPOR  | ATION: 45. ER: P200                              | enodule  | AIR                  | System   | s IAC    |  |  |
|---|--|--|----------------------|--|----------|--|--|
| DOCUMENT NUMB   | er:  | 00016097   |                      |  |          |  |  |
|   | f Amendment and fee are su                       |  |                      |  |          |  |  |
| Please return all corresp   | condence concerning this ma                      | tter to the following:   |                      |  |          |  |  |
| -   |  | TNSKAM  Name of Contact Person  NOCUET                           | PERE                 | <u> </u>   | -        |  |  |
| _   | TEC  | woduct 1   | 1//                  | Systems  | Inc      |  |  |
|   |  | Firm/ Company  |                      | ·  |          |  |  |
| _   | 142 W. 5 st                                      |  |                      |  |          |  |  |
|   | Address  |  |                      |  |          |  |  |
| _   | Address HIDLEAN F 33010 City/ State and Zip Code |  |                      |  |          |  |  |
|   | City/ State and Zip Code                         |  |                      |  |          |  |  |
| terretite tecnoduct a small com   |  |  |                      |  |          |  |  |
| E-mail address: (to be used for future annual report notification)                          |  |  |                      |  |          |  |  |
| For further information concerning this matter, please call:                                |  |  |                      |  |          |  |  |
| INGRAM  | PEREZ  | at ( 786   | <u></u>              | 08-4525  | <u> </u> |  |  |
| TNGRAM PENET at (756) 508-4525  Name of Contact Person Area Code & Daytime Telephone Number |  |  |                      |  |          |  |  |
| Enclosed is a check for   | the following amount made                        | payable to the Florida Depa                                      | artment of S         | State:   |          |  |  |
| \$35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status      | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certific<br>Certific | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy<br>esed) |          |  |  |

Mailing Address

TO: Amendment Section

**Division of Corporations** 

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

| ــــــــــــــــــــــــــــــــــ  | of   |                           |
|---|--|---------------------------|
| TECNOCIUIC  | AIR SYSTEMS, Inc.  |                           |
| (Name of Corporation as curre   | ently filed with the Florida Dept. of State)                 |                           |
| P2000   | 00/6097  |                           |
| (Document Number  | er of Corporation (if known)                                 |                           |
| Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:  | his Florida Profit Corporation adopts the following          | g amendment(s) to         |
| A. If amending name, enter the new name of the corporation  | <u>.</u>   |                           |
| TECNODUCT AIR name must be distinguishable and contain the word "corporation,   | SYSTEMS INC.   | _The _new                 |
| name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P. | . A professional corporation name must contai                | on "Corp.,"<br>n the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  | <u></u> ;                 |
| (Trincipul office undress <u>most bio A STILLET AUTHLESS</u> )  |  | F                         |
|   |  |                           |
|   |  |                           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |                           |
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|   |  | <u>ښ</u><br><u> </u>      |
|   |  | <del></del>               |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  |  |                           |
| Name of New Registered Agent  |  | -                         |
|   |  |                           |
| (Floride  | a street address)  | _                         |
| New Registered Office Address   | , Florida  |                           |
|   | (Zip C   | 'ode)                     |
| New Registered Agent's Signature, if changing Registered Ag<br>I hereby accept the appointment as registered agent. I am famili   | ent:<br>iar with and accept the obligations of the position. |                           |
|   |  | <del>-</del>              |
| Signature of Ne   | w Registered Agent, if changing                              |                           |
| Check if applicable   |  |                           |

<sup>☐</sup> 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:<br>X Change       | <u>PT</u>    | <u>John D</u> | <u>oe</u>   |        |                   |
|----------------------------|--------------|---------------|-------------|--------|-------------------|
| X Remove                   | <u>V</u>     | Mike Jo       | <u>ones</u> |        |                   |
| X Add                      | <u>sv</u>    | Sally S       | <u>mith</u> |        |                   |
| Type of Action (Check One) | <u>Title</u> |               | <u>Name</u> |        | Address           |
| t) Change                  | VF           | >             | RAFAEL      | SUAREZ | 50 E. 34 St       |
| _ <del></del> Add          |              |               |             |        | HIDLEDIA F/ 330/3 |
| Rепюче                     |              |               |             |        |                   |
| 2) Change                  |              |               |             |        |                   |
| Add                        |              |               |             |        |                   |
| Remove Change              |              |               |             |        |                   |
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| Remove                     |              |               |             |        | <del></del>       |
| 4) Change                  |              |               |             |        |                   |
| Add                        |              |               |             |        |                   |
| Remove                     |              |               |             |        |                   |
| .5) Change                 |              |               |             |        |                   |
| Add                        |              |               |             |        | <del></del>       |
| Remove                     |              |               |             |        |                   |
| 6) Change                  |              |               |             |        |                   |
| Add                        |              |               |             |        |                   |
| Remove                     |              |               |             |        |                   |

| riati (milli  | onal sheets, if necessary).                          | (Be specific)       |                      |   |                                       |
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|               |  |                     |                      | <i>a.</i>                               |                                       |
| an amend      | nent provides for an excl<br>or implementing the ame | nange, reclassifica | tion, or cancellatio | on of issued shares.                    |                                       |
| tif not a     | or implementing the ame<br>oplicable, indicate N/A)  | mument ii not con   | ramed in the amer    | idificite itsen.                        |                                       |
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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the  |
|---|--|
| Effective date if applicable:   | 90 days after amendment file date)   |
| (no more than   | 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the appropriate the document's effective date on the Department of State's records | licable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the incorporators, of action was not required.   | r board of directors without shareholder action and shareholder            |
| ☐ The amendment(s) was/were adopted by the shareholders. So by the shareholders was/were sufficient for approval.                         | The number of votes cast for the amendment(s)                              |
| ☐ The amendment(s) was/were approved by the shareholders t<br>must be separately provided for each voting group entitled                  |  |
| "The number of votes cast for the amendment(s) was/   | vere sufficient for approval   |
| by  | ••   |
| by  |  |
| Dated $\frac{10/29/2020}{4}$  | 4  |
| Signature   | <del>//</del>  |
| (By a director, president or other or   | ficer – if directors or officers have not been                             |
| •   | the hands of a receiver, trustee, or other court                           |
| appointed fiduciary by that fiducia   | ÿ)<br>_  |
| Tue   | tram Perecular during of person signing)                                   |
| (Typed or printo  | d name of person signing)  |
| PR  | Estelent   |
| (Title of person  |  |