P200000026359

| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MMR 4 CORP P20000026359 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIANNA MORETTI Name of Contact Person FOCUS CONSULTING Firm/ Company 13537 GRANVILLE AVE STE 7 Address CLERMONT FL 34711 City/ State and Zip Code FINANCIAL@SUPERBRIGHTSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 4240059

Area Code & Daytime Telephone Number MARIANNA MORETTI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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 **Articles of Incorporation** of

| | of | The second secon |
|--|--|--|
| MMR 4 CORP | | The state of the s |
| (Name of Corporation as c | urrently filed with the Florid | a Dept: of State) 2 / 11 7: 19 |
| ² 20000026359 | | |
| (Document Nu | mber of Corporation (if known | |
| cursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation: | es, this <i>Florida Profit Corpora</i> | tion adopts the following amendment(s) |
| a. If amending name, enter the new name of the corporate | ion: | |
| FUSION HEAT & COOLING CORP | | The new |
| ame must be distinguishable and contain the word "corporat Inc.," or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation | Co". A professional corpora | rated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: | N/A | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> |) | |
| | | |
| | | |
| . Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| | | |
| | | |
|). If amending the registered agent and/or registered offi | ce address in Florida, enter t | he name of the |
| new registered agent and/or the new registered office a | | |
| N/A Name of New Registered Agent | | |
| | ···· | |
| | orida street address) | . |
| | | |
| New Registered Office Address: | (City) | , Florida (Zip Code) |
| | (0.,,) | (esp conte) |
| | | |
| iew Registered Agent's Signature, if changing Registered | Agent: | |
| hereby accept the appointment as registered agent. I am fa | | gations of the position. |
| | | |
| | | |

Signature of New Registered Agent, if changing

Check if applicable

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

Example:

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.

| 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> | Name | Address |
| 1) Change | | NIA | |
| Add | | | |
| Remove | | | · |
| 2) Change | | NIA | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | •••• |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional A (Attach additional sheets, if necessary | rticles, enter change(s) here: |
|--|--|
| A | i. (De spiletjie) |
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| f an amendment provides for an ex | schange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ar | mendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without sharehole action was not required. | ler action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval. | dment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(| |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| Dated 03/08/24 | |
| Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary) | |
| DECIO PEREIRA | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |