## P20 0000 28390

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2021 JUNE 14 PH 1: 34

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: HISUZU COOL SYSTEMS CORPORATION DOCUMENT NUMBER: P20000028390 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OCTAVIO rODRIGUEZ Name of Contact Person Firm/ Company 31 SE 5th Street # 301 Address Miami, Fl 33131 City/ State and Zip Code rodrioctavio@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 525-6071

Area Code & Daytime Telephone Number Octavio Rodriguez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐S52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

## Articles of Amendment to Articles of Incorporation of

HISUZU COOL SYSTEMS, CORPORATION

(Name of Corporation as current	tly filed with the Florida De	nt. of State)
P20000028390	I wild be	En a. Simila
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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." " "Inc.," or Co" or the designation "Corp," "Inc." or "Co". " "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	919 Cochran Dr. Lake W	orth, Fl 33461
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	919 Cochran Dr. Lake W	orth, FI 33461
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the na s:	me of the
Name of New Registered Agent		
(Florida su	reet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar was a second contract the second contr	i	un of the - orition
Tum jummar s	wan ana accept the nongation	is of the position.
		<del></del> (-=
Signature of New R	egistered Agent, if changing	<u>; :</u> <del></del>
Check if applicable	B age.m y emmigrag	÷
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11):	(e), F.S.	<b>□</b>
· , ,		<u>u</u>
		<del>_</del>

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.

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Quiroz, Venancio S	Av 13 # 66-94,
Add			Maracaibo Venezuela
X Remove 2) Change	<u>VP</u>	Fernandez, Ana A	Av 13 # 66-94,
Add			Maracaibo Venezuela
X Remove 3) Change	<u>s</u>	Rodriguez, Octavio J	31 SE 5th St # 301
Add			Miami, Fl 33131
X Remove  4) Change	<u>P</u>	Fernandez Diaz, Gabriel S	919 Cochran Dr.  Lake Worth, Fl 33461
Remove			
Add			
Remove			
6) Change		-	
Add			
Remove			

	(Be specific)		
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provisions for implementing the amer	ange, reclassification, or ndment if not contained in	n the amendment itself:	
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The data of make according match and	June 7th, 2021	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective day if a 10 and a		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	eck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	2021
bv		E
,	(voting group)	2021 JUN 14
June 9th, 202	I	PM :
DatedSignature	0/24-	4 1: 34
(By a dire selected,	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	<del></del>
G	abriel Fernandez Diaz	
_	(Typed or printed name of person signing)	
Р	resident	
_	(Title of person signing)	