P20 000031335

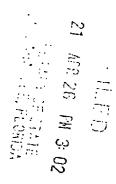
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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04/26/21--01018--005 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Sun City Cooling, I	nc.			
DOCUMENT NUME	BER: P20000031335				
	of Amendment and fee are su	binitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Daniel Fernandez		_		
	Name of Contact Person				
	Sun City Cooling, Inc.				
		Firm/ Company	-		
	8511 NW 56 St Unit B				
	Address				
	Doral, FL 33166				
		City/ State and Zip Code	:		
	suncitycooling@gmail.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call: at (, 226-1158		
	of Contact Person	at (Area Co	de & Daytime Telephone Number		
	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sun City Cooling, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000031335	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	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 name must contain the word
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	NI/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the
N/A	.
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	
	[
Signature of New	Project of the major CF.
Signature of the	Registered Agent, ij changing

Check if applicable

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: 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	<u>Addres</u> s	
1) Change	VP_	Jonathan Lara	8511 NW 56 ST Unit B	
x Add			Doral, FL 33166	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets	additional Articles, enter , if necessary). (Be speci	ific)			
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If an amendment prov	ides for an exchange, rec	lassification, or can-	cellation of issued s	hares,	
provisions for implem	ienting the amendment if	not contained in th	e amendment itself	<u>:</u>	
(if not applicable,	indicate N/A)				
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	<u>.</u>				
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		<u>_</u>			
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	4/19/2021	if astronophore the
	endment(s) adoption:	_, if other than the
date this document w	as signed. 4/19/2021	
Effective date if app	licable:	
	(no more than 90 days after amendment file date)	
Note: If the date ins document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will date on the Department of State's records.	not be listed as the
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
The amendment(s action was not req) was/were adopted by the incorporators, or board of directors without shareholder action and suired.	shareholder
) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ars was/were sufficient for approval.	
☐ The amendment(s must be separated) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
"The number	er of votes east for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
	4/19/2021	
	gnature	_
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Daniel Fernandez	
	(Typed or printed name of person signing)	
	Р	
	(Title of person signing)	