## P20000069841

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advanced Industrial	Religionation (CTP)
DOCUMENT NUMBER: Y & BOOO DO STEP 1	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Janos Burney Name of Contact Per	rson
	Refrigeration (CTP
7636 fishin Loop Address	,
New Port Richard Zap C	FL 34654
E-mail address: (to be used for future annual rep	ort notification)
in the second se	
For further information concerning this matter, please call:	
Name of Contact Person at (51)  Area	Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida D	repartment of State:
\$35 Filing Fec Certificate of Status Certified Copy (Additional copy is enclosed)	© \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tellularana Fl. 32314	eet Address endment Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation of

Advaced Industrial (Name of Corporation as currently)	e frigge a frag ( Cri) filed with the Florida Dept. of State		
P2000069841 (Document Number of C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	torida Profit Corporation adopts the following	ng amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:			
<u> </u>	1" showbyguigt	The new	
name must be distinguishable and contain the word "corporation," "co." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A material, "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the aim/evall professional corporation name must conta	in the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		
		~~	
C. Enter new mailing address, if applicable:	MA	:	•
(Mailing address MAY BE A POST OFFICE BOX)		~1	
		<del> </del>	اسية
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	-3 -3	
Name of New Registered Agent IV   1		_	
(Florida stree	t address)	-	
·	, Florida		
New Registered Office Address:(C		Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.		
Signature of New Reg	ristered Agent, if 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)  1)Change		David Lewis	New Post Proce Florida
Add	<del></del> .	-	New Post Richay, Harida
Remove			39633
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(be specific)
	Λ/Δ
	. <u> </u>
<del></del>	
	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	

The date of each amendment(s) adoption	: 11-11-20	, if other than the
date this document was signed.	$\Delta \Delta $	
Effective date if applicable:	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block do document's effective date on the Departme	es not meet the applicable state of State's records.	ntory filing requirements, this date will not be listed as the
Adoption	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each verified.	by the shareholders through voti oring group entitled to vote sepa	ng groups. The following statement rately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficion	ent for approval
by		
	(voting group)	
Dated	20	
selected, by an	president or other officer – if di incorporator – if in the hands o ciary by that fiduciary)	rectors or officers have not been f a receiver, trustee, or other court
	(Typed or printed name of p	burnagerson signing)
	(Title of person signing)	
	(Title of person signing)	