## P20000080512

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Addless)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



300365427173

05/10/21--01017--006 \*\*35.00

72 Ac 17 Lead

RECEIVED

## FLORIDA DEPARTMENT OF STATE JUL 19 PM 12: 06 Division of Corporations

Letter Number: 221A00014286

June 23, 2021

VICENTE A CABANAS 14771 SW 173 ST MIAMI, FL 33187

SUBJECT: CABANAS AIR CONDITIONING, INC

Ref. Number: P20000080512

We have received your document for CABANAS AIR CONDITIONING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FLORIDA CORP. Please complete and return the enclosed blank form(s).

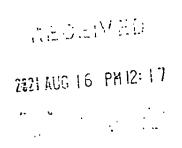
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org





July 28, 2021

VICENTE A CABANAS 14771 SW 173 ST MIAMI, FL 33187

SUBJECT: CABANAS AIR CONDITIONING, INC

Ref. Number: P20000080512

We have received your document for CABANAS AIR CONDITIONING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number.

Letter Number: 721A00017712

## **Articles of Amendment** 10 . . . Articles of Incorporation

Cabanas Air Conditioning, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P20000080512 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted a change, Mike Jones le Mike Jones, V as Remov | and/or Di<br>, if necessi-<br>rector title<br>President<br>= Chief Fi<br>rector wor<br>I in the for<br>aves the co | ary) e by the first letter of the office title: ; T = Treasurer; S = Secretary; D = Dire nancial Officer. If an officer/director ho uld be PTD llowing manner. Currently John Doe is orporation, Sally Smith is named the V | each officer/director being removed and title, name, and ector; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office held. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change, |  |  |
|--|--|---|--|--|--|
| Example:<br><u>X</u> Change  | : <u>PT John Doc</u>   |   |  |  |  |
| X Remove   | <u>v</u>   | Mike Jones  |  |  |  |
| X Add  | <u>\$V</u>   | Sally Smith   |  |  |  |
| Type of Action<br>(Check One)  | <u>Title</u>   | Name  | Address  |  |  |
|  | V  | Rosa Perez Portuondo  | 14771 SW 173 St  |  |  |

Miami, FL 33187

1)  $\frac{}{X}$  Change

\_\_\_\_ Add

2) \_\_\_\_ Change

Remove 3) \_\_\_\_ Remove

\_\_\_\_ Add

4) \_\_\_\_ Change

\_\_\_\_ Add

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

|                           |  |                                   | . t / . \                     |                   |                |          |
|---------------------------|--|-----------------------------------|-------------------------------|-------------------|----------------|----------|
| f amending o              | or adding additional onal sheets, if necessal                        | Articles, enter<br>rv). (Be speci | <u>change(s) nere</u><br>fic) |                   |                |          |
| Macii adam                | THE STEELS, IJ TOOLSOON  | <i>y</i> /- \                     | '                             |                   |                |          |
|                           |  |                                   |                               |                   |                | <u> </u> |
|                           |  |                                   | <del></del>                   |                   |                |          |
|                           |  |                                   | <u>,</u>                      |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   | <del> </del>   |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   | <del></del>    |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   | slaggification o              | r concellation of | issued shares. |          |
| If an amend<br>provisions | ment provides for a<br>for implementing th<br>applicable, indicate N | e amendment i                     | f not contained               | in the amendm     | ent itself:    |          |
| (if not                   | applicable, indicate N   | /A)                               |                               |                   |                |          |
|                           |  |                                   | ~                             |                   |                | ·····    |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               | <u> </u>          |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   |                               | **                |                |          |
|                           |  |                                   |                               |                   |                |          |
|                           |  |                                   | <del></del>                   | <u></u>           |                |          |

|  | loption:  | , if other than the                                    |
|--|---|--|
| late this document was signed.   | • • •   |  |
| Effective date <u>if applicable</u> :                                    | ~   |  |
|  | (no more than 90 days after ame   | ndment file date)                                      |
| Note: If the date inserted in this bidocument's effective date on the De |   | ling requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |  |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators, or board of director   | s without shareholder action and shareholder           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su       | pted by the shareholders. The number of vote flicient for approval.                             | s cast for the amendment(s)                            |
|  | roved by the shareholders through voting groue each voting group entitled to vote separately of |  |
| "The number of votes cast  | for the amendment(s) was/were sufficient for  | approval   |
| by   | (voting group)  |  |
|  | (voling group)  |  |
| July 13,2  | 2021  |  |
| Dated  |   |  |
| Signature  |   |  |
| (By a di   | rector, president or other officer – if directors   | or officers have not been                              |
|  | I, by an incorporator - if in the hands of a rece   |  |
|  | ed fiduciary by that fiduciary)   |  |
|  | Vicente A. Cabanas  |  |
|  | $\sim$  |  |
|  | Typed or printed name of person s   | igning)  |
|  | President   | / · · · · · · · · · · · · · · · · · · ·                |
|  | (This of person signing)  |  |
|  | $\checkmark$  |  |