Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000227369 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JSD & COMPANY PA

Account Number : I20190000114

Phone : (786)286-2705

: (305)901-6024 Fax Number

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address: jsanchez@jsdandcompany.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN TAMPA MECHANICAL & A/C CORPORATION

Certificate of Status AS	1
Certified Copy	0
Page Count On U 5 2022	01
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

1.1.1

Page: 2 of S

07/02/2022 12:42 PM

H22000227369 3

To:

Articles of Amendment

FILED to Articles of Incorporation

of

72 JUL -5 AM 10-31

TAMPA MECHANICAL & A/C CORPOR	LATION	\$FCDETA DV or a	
(Name of	Corporation as current	ly filed with the Fireing Dental State	SIAIE
P21000015213		WILL MINOSEL	• 1 [.
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new nam	ie of the corporation:		
N/A			The new
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor" "chartered," "professional association," or	p, "Inc." or "Co".	A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
(Frincipal Office address MOST BE ASTR	(LET ADDRESS)		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/ new registered agent and/or the new r			
Name of New Registered Agent	I/A		
_			
	(Florida st	rect address)	
New Registered Office Address:		, Florida_	
		(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registere			osition.
	Signature of New I	Registered Agent, if changing	
Check if applicable			

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

H22000227369 3

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:

To:

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	DENIA C. CAYETANO GUITY	811 PINEBERRY DR APT 201
X Add			BRANDON, FL 33510
Remove			
2) Change			
Add		·	
Remove 3) Change			
Add			-
Remove		÷	
4) Change	•		_
Add			
Remove			
5) Change			
Add			-
Remove			
் Change			
Add			
Remove			

Fax; (850) 617-6380

Page: 4 of 5 07/02/2022 12:42 PM

	7	7	^	\sim	л	. ~	7	7	7	-	വ	•
m	4	4	U	0	v	2	۷	,	J	o	y	

If amending or adding additional sheets, if nec	essary). (Be specific)	The same of the sa		
A	., , ,			
				·
				
			*	
				
				
	······································	-,-,-		
				
				· · · · · · · · · · · · · · · · · · ·
If an amendment provides fo	r an exchange, reclassi	fication, or cancella	tion of issued shar	es <u>,</u>
provisions for implementing (if not applicable, indicat	the amendment 11 not	contained in the ar	nenament itselt:	
	: IV/A()			
A				
· · · · · · · · · · · · · · · · · · ·				
				
				····
·				

To:

) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	••	
	(voling group)	
07/02/20	022	
Dated		
Signature	June?	
(Ву	a director, president or other officer - if directors or officers have n	
	cted, by an incorporator – if in the hands of a receiver, trustec, or ot ointed fiduciary by that fiduciary)	her court
գիր	, ,	
	SELVIN PEPERSBURG CASILDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	