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Enclosed is a check for the following amount made payable to the Florida Department of State:							
Name of Contact Person Area Code & Davtime Telephone Number ?							
LUIS VEITIA JIMENEZ at (239) 355-0491 CT BY Name of Contact Person Area Code & Daytime Telephone Number 3							
For further information concerning this matter, please call:							
E-mail address: (to be used for future annual report notification)							
LUISVEITIA7600MAIL. COM							
City/ State and Zip Code							
LEHIGH ACRES, TLOREDA, 33974							
1143 RAMBIER ST Address LEHIGH ACRES, FLORIDA, 33974							
<u>.</u>							
Firm/ Company							
Name of Contact Person							
LVIS VEITTA DIMEREZ							
Please return all correspondence concerning this matter to the following:							
The enclosed Articles of Amendment and fee are submitted for filing.							
DOCUMENT NUMBER:							
P2100002833							
NAME OF CORPORATION: V&J COOLING SERVICE INC. DOCUMENT NUMBER: P 210000 28233							
Division of Corporations							
TO: Amendment Section							

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

VXJ COOLING	SERVICE		<u>С</u>		
(Name of Corporati			Dept. of State)		
P2100	000287	233			
(Docum	nent Number of Cor	poration (if known)			
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this <i>Flori</i>	ida Profit Corporat	ion adopts the fe	ollowing amenda	ment(s) to
. If amending name, enter the new name of the co	orporation:				
				The n	
ame must be distinguishable and contain the word "co Inc.," or Co" or the designation "Corp," "Inc, chartered," "professional association," or the abbre	" or "Co". A pro	any," or "incorpora ofessional corporat	ated" or the abb ion name must	reviation "Corp	., "
Enter new principal office address, if applicable	<u>e:</u> _				_
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)				
					_
	_				_
Enter new mailing address if applicables					
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<i>DX</i>) _				_
	_				
	_				-
	_	. <u></u>			_
	and office oddware	ia Florido, enter tl	a name of the		
. If amending the registered agent and/or registered new registered agent and/or the new registered	office address:	in Fiorida, enter ti	it name or the	20	
				22 C	فالمتا
Name of New Registered Agent					j]
				····-	
	(Florida street a	ddress)			
New Registered Office Address:			, Florida		_ (
THE PROSENCE OF THE PROSENCE.	(City	·)		(Zip Code)	
				ात्त्र ज	
ew Registered Agent's Signature, if changing Reg	gistered Agent:				
hereby accept the appointment as registered agent.	I am familiar with	and accept the oblig	ganons oj ine po	smon.	
Cion	nature of New Regist	tered Agent if chan	oino		
.sign	mare of trew negati	and a rigorn, if comm	o''''ā		
heck 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.

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)	Title	Name	<u>Addres</u> s
1) Change		Luis VEITIA JIMENEZ	837 GENEVA PLACE
Add Remove			CEHICH ACRES, FL, 33974
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 .		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attaen <i>aaaiiid</i>	onal sheets,	if necessary)	rticles, enter chi . (Be specific)				
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f an amandr	ant neovic	der for on ev	change, reclassi	fication or can	collation of icen	ad charac	
provisions fo	r impleme	enting the am	rendment if not	contained in th	e amendment i	tself:	
(if not ap	pplicable, ir	ndicate N/A)					
		N/A	_				
							<u>-</u>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmentation of the shareholders. The number of votes cast for the amendment of the shareholders.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	!ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 12/1	2/2022	
Signature		
(By a di selected	rector, president or other officer – if directors or officers have not be, by an incorporator – if in the hands of a receiver, trustee, or other (ed fiduciary by that fiduciary)	
	Luis VEITIA JIMENEZ	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	