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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONFORT COOLING & APPLIANCES SOLTION CORP					
DOCUMENT NUM	BER: P21000045010				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ALEXANDER MADURO				
	Name of Contact Person				
	INVER ALAM LLC				
	Firm/ Company				
	5779 WASHINTON ST APT	`O2			
		Address			
HOLLYWOOD, FL 33023					
	/ ()	City/ State and Zip Code	2		
	CONFORTCOOLING@GM	All COM			
		sed for future annual report	notification)		
	•	•	·		
For further information concerning this matter, please call:					
ALEXANDER MAD	URO	at (754	4238291		
Name	of Contact Person	Area Coo) 4238291 de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
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

CONFORT COOLING & APPLIANCES SOLUTION

Check if applicable

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

(Name of	Corporation as currently f	iled with the Florida Dept. of State)
P21000045010		
	(Document Number of C	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
COMPORT COOLING & ADDITANCES	SOLUTION CORP	Thenew_
	the word "corporation," "cor orp," "Inc," or "Co", A p	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
		5779 WASHINGTON ST APT O2 HOLLYWOOD,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		FL 33023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5779 WASHINGTON ST APT O2 HOLLYWOOD.
		FL 33023
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office address: ALEXANDER MADURO	ss in Florida, enter the name of the
	(Florida stre	et address)
New Registered Office Address:	5779 WASHINGTON ST A	City) Florida 33023 (Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations of the position.
	Shump	und PH ?
	Silpfature of New Re	gistered Agent, if changing

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ALEXANDER MADURO	5779 WASHINGTON ST APT O2
Add			HOLLYWOOD, FL 33023
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	
•	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment reserve	•
(if not applicable, indicate N/A)	
	MAP.
	
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	7 7

The date of each amendment(s) addate this document was signed.	option: 02/25/2023	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, 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.	oted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
• •	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	· · · · · · · · · · · · · · · · · · ·
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by ALEXANDER MADU	RO	
	(voting group)	
selected	rector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary)	
	ALEXANDER MADURO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	
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