P23000052709

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASHA CLIMAT	E SERVICES INC			
DOCUMENT NUM	P23000052700				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	SHAILESH PATEL				
	Name of Contact Person				
		Firm/ Company			
	3682 N WICKHAM RD, STE B1-411				
	Address				
	MELBOURNE, FL 32935				
		City/ State and Zip Code	2		
	SHAILESHCLP07@GMAIL	.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
SHAILESH PATEL		at (321	749-5153		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

MASHA CLIMATE SERVICES INC			
 -	of Corporation as current	ly filed with the Florida Dept.	of State)
P23000052709	(Danis A Missalana	of Corporation (if known)	
		•	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	: Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Torp," "Inc," or "Co".	A professional corporation na	or the abbreviation "Corp.," me must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2909 W NEW HAVEN AV	E, STE C
		WEST MELBOURNE, FL	32904
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2909 W NEW HAVEN AVE, STE C	
		WEST MELBOURNE, FL.	32904
			·
D. If amending the registered agent as			e of the
new registered agent and/or the ne		<u>s:</u>	
Name of New Registered Agent	N/A		
		·	· · · · · · · · · · · · · · · · · · ·
		reet address)	
New Registered Office Address:	N/A		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations	of the position.
	Signature of New 1	Registered 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 Doe	
X Remove	$\underline{\mathbf{V}}$	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) Change	٧	JOHN R WOOD JR	412 MAGNOLIA AVE
Add			MELBOURNE, FL 32935
A Remove	V	DAVID I CHRISTMAN	P O BOX 1424
2) Change		— — — — — — — — — — — — — — — — — — —	
Add			TTTUSVILLE, FL 32781
X Remove 3) Change	<u>v</u>	LOIS A CHRISTMAN	P O BOX 1424
Add			TITUSVILLE, FL 32781
X Remove			·
4) Change		_	·
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(
	·
'A	
	<u> </u>
·	
	,
If an amendment provides for an exchange, reclassification, or cancellation of issued shares	:
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
/A	en <u>=</u> .
	1 - 1
	

	10/25/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/25/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated /0/2	r/23	
Signature	Owne	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	SHAILESH C PATEL	•
	(Typed or printed name of person signing)	
	V	
	(Title of person signing)	