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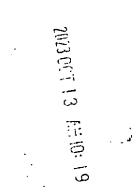
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☐ PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO- Amendment Section Division of Corporations

NAME OF CORPO	RATION: GABLES AC SUP	PLY CORP	
DOCUMENT NUM	BER: P23000067309		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARLET GONZALEZ REY		
		Name of Contact Person	1
		Firm/ Company	
	4365 NW 72ND AVE		
	MIAMI,FLORIDA 33166	Address	
		City/ State and Zip Code	c
	GABLESACSUPPLY@GMA	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ARLET GONZALEZ	REY	at (⁷⁸⁶	690-7912
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	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)
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

, of	2023 007 10 000
GABLES AC SUPPLY CORP	2023 OCT 13 AM ID: 15
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P23000067309	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". " "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	4365 NW 72ND AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4365 NW 72ND AVE
<u></u>	MIAMI,FLORIDA 33166
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Business Comes Chloren	Disaida
New Registerea Office Address:	(City) (Zip Code)
(Florida str <u>New Registered Office Address:</u> New Registered Agent's Signature, if changing Registered Agent	, Florida (Zip Code)
I hereby accept the appointment as registered agent. I am familiar	
Signature of New R	egistered 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)

Example:

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	ALEXANDER GONZALEZ	4365 NW 72ND AVE
X Add			MIAMI,FLORIDA 33166
			4365 NW 72ND AVE
Remove 2) Change	D	ANAIVY GONZALEZ	MIAMI,FLORIDA 33166
X Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
f an amendment provides for an exchange, reclassification, or cancellation of is	sued shares,
provisions for implementing the amendment if not contained in the amendmen	t itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

10/02/2023

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharel	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the an ficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/02/2023		
Dated		
Signature	Marchies	
	rector, president or other officer - if directors or officers have	
	, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	other court
.,	ARLET GONZALEZ REY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	