P23000012533

| (Requ | restor's Name) | |
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| (Addr | ess) | |
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| (City/s | State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nan | ne) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer: | |
| | | MAY SON |

Office Use Only



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04/19/24--01003--015 **43.75





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607,0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

| Filing Fee | \$35.00 (Includes a letter of acknowledgment) |
|------------|---|
| | |

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

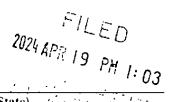
CR2E011 (1/20)

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: CITY KOOL DOR | AL CORP | , , , , , , , , , , , , , , , , , , , |
|--------------------------|---|--|---|
| DOCUMENT NUMB | ER: P23000072533 | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | OSMANY D FUENTES | | |
| - | | Name of Contact Per | son |
| | THE AC GUYS SUPPLY IN | IC | |
| - | | Firm/ Company | |
| | 7200 NW 25TH ST | | |
| - | | Address | |
| | MIAMI, FL 33122 | | |
| - | | City/ State and Zip C | ode |
| | OSMANYFL50@GMAIL.C | OM | |
| <u>.</u> | E-mail address: (to be us | ed for future annual rep | ort notification) |
| For further information | concerning this matter, pleas | se call: | |
| OSMANY D FUENTE | ES | 305 at (| 283-0612 |
| Name o | f Contact Person | Area (| Code & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida D | epartment of State: |
| ☐ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | E □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divis P.O. | ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314 | Ame Divi The 241 | et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303 |

Articles of Amendment to Articles of Incorporation of



CITY KOOL DORAL CORP

Check if applicable

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

| (Name of Corpo | ration as currently filed with the I | dorida Dept. of State) |
|---|---|--|
| P23000072533 | | |
| (De | ocument Number of Corporation (if I | known) |
| Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation: | orida Statutes, this <i>Florida Profit Co</i> | erporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of th | ie corporation: | |
| THE AC GUYS SUPPLY INC | | Thenew |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al | Inc." or "Co". A professional co | corporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if application (Principal office address MUST BE A STREET A | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | nter the name of the |
| | NY D FUENTES | |
| - | | |
| | (Florida street address) | |
| New Registered Office Address: | | . Florida |
| | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing | Degictored Agent | |
| I hereby accept the appointment as registered age | | ne obligations of the position. |
| | | |
| | | |
| | Signature of New Registered Agent, i | il chanoina |
| S | ngmitare of isew registered agent, i | f 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | PT | John Doe | |
|----------------------------|-----------------|---------------------|-----------------|
| X Remove | \underline{V} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>N</u> ame | <u>Addres</u> s |
| 1) Change | P | EVELYN LYON QUEVEDO | 7200 NW 25TH ST |
| Add | | | MIAMI, FL 33122 |
| Remove 2) Change | VP | OSMANY D FUENTES | 7200 NW 25TH ST |
| Add | | | MIAMI, FL 33122 |
| X Remove Change | Ь | OSMANY D FUENTES | 7200 NW 25TH ST |
| X Add | | | MIAMI, FL 33122 |
| Remove 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | - |
| 6) Change | - | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional A Attach additional sheets, if necessary, |). (Be specific) | | | |
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| | | 4. | | |
| an amendment provides for an exprovisions for implementing the an | change, reclassification | a, or cancellation a ned in the amenda | of issued shares, | |
| (if not applicable, indicate N/A) | KARGINCHI II II II CONTAI | ned in the amendi | iiene usen. | |
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| · | 04/05/2024 | | |
|---|---|--|-------------|
| The date of each amendment(s) ad date this document was signed. | option: | , if oth | ner than th |
| Effective date if applicable: | | | |
| | (no more than 90 days aft | ter amendment file date) | _ |
| Note: If the date inserted in this blocument's effective date on the Dep | | utory filing requirements, this date will not be li | isted as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adoption was not required. | ited by the incorporators, or board of d | directors without shareholder action and shareholder | der |
| ☐ The amendment(s) was/were adop by the shareholders was/were suf | sted by the shareholders. The number of ficient for approval. | of votes cast for the amendment(s) | |
| must be separately provided for e | oved by the shareholders through votic ach voting group entitled to vote separ | rately on the amendment(s): | |
| | or the amendment(s) was/were sufficie | | |
| by | (voting group) | | |
| | (voting group) | | |
| 04/05/2024 Dated | | | |
| Signature | | | |
| selected | ector, president or other officer – if dir by an incorporator – if in the hands of d fiduciary by that fiduciary) | | |
| (| DSMANY D FUENTES | | |
| - | (Typed or printed name of p | person signing) | |
| | PRESIDENT | | |

(Title of person signing)