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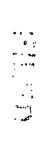


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SECRETARY LIVES

2024 JUL 25 PH 4: 15



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:ABBA HVAC	SERVICES INC		
DOCUMENT NUMBI	ER:P24000040999	****	<u> </u>	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	utter to the following:		
		JORGE LUIS RAMOS		
_		Name of Contact Person	n	
	AB	BA HVAC SERVICES IN	C	
_		Firm/ Company		
	630	PEYTON BROOKE WAY	í	
_		Address		
_	WI	NTER HAVEN, FL 3388	l	
		City/ State and Zip Cod	e	
	AR	TISTDESAN@HOTMAII	L.COM	
_	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
ERLYN M DEPENA		at (346-7328	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐S43.75 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)	2024 JUL
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	1.25 PH 4:15

Articles of Amendment to Articles of Incorporation of

ABBA HVAC SERVICES INC	J		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing	amendi	nent(s)
A. If amending name, enter the new name of the corporation:			
	•	The ne	C.M.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abl. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation contain	"Corp. the wo	" ord
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	BEORE / LANGE STATE	2024 JUL 25 PH 4: 16	The second secon
(Florida street address)			
<u>New Registered Office Address:</u> , Florida_ (City)	tZip Co	det	-
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po-	osition.		
Signature of New Registered Agent, if changing			
Charle if annies blo			

 \Box 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>×</u> <u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOSE LUIS RAMOS	630 PEYTON BROOKE WAY
Add			KISSIMMEE, FL 33881
X Remove	P	JORGE LUIS RAMOS	630 PEYTON BROOKE WAY
2) Change Add			KISSIMMEE, FL 33881
Remove 3) Change			
Add			
Remove			SECRETA
4) Change Add			
Remove			
5) Change			. A v
Add			
Remove 6) Change			
Add			
Remove			

RECTING PRESIDENT NAME FROM "JOSE L RAMOS" TO BE "JORGE LUIS RAMOS".	
	C.,-3
	25
	'
	PH 15 16
an amendment provides for an exchange, reclassification, or cancellation of issued shares royisions for implementing the amendment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)	
	- J
	<u></u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, this de	nte will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. <i>The following statem</i> each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
JUNE 21	. 2024	
Dated		
Signature	Min : w	
(By a c	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	ERLYN M DEPENA	
	(Typed or printed name of person signing)	2
	INCORPORATOR	NATURAL SECRETARIAN SECRETARIA
	(Title of person signing)	UL 25 PH I
		10 16 The 10 The