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SECRETARY OF STATI



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

.

NAME OF CORPOR	ATION: AIRFLOW HEAT	ING & COOLING SOLUT	TIONS CORP		
DOCUMENT NUMB			·		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	ORLANDO DUQUE				
-	Name of Contact Person				
	AIRFLOW HEATING & COOLING SOLUTIONS CORP				
-	Firm/ Company				
	220 HAGAN AVE S				
_	Address				
	LEHIGH ACRES FL 33974				
-		City/ State and Zip Cod	e		
	AIRFLOWHCSOLUTIONS	@GMAIL.COM			
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
ORLANDO DUQUE		at (239	851-3092		
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:		
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Boy 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

(Name of Corporation	on as currently filed with the F	ार्जीवीय क्रीहर ब्लाइन्डम्भे 3: 45
² 24000048768		\$Casii
(Docum	nent Number of Corporation (if ki	HOMALLAHASSEE ETE
tursuant to the provisions of section 607,1006. Florida s Articles of Incorporation:	Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment
. If amending name, enter the new name of the co	erporation:	
		The new
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc." chartered," "professional association," or the abbre	" or "Co". A professional cor	
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	<u>DRESS</u>)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
 If amending the registered agent and/or register new registered agent and/or the new registered 		ter the name of the
new registered agent and/or the new registered of	onice address:	
Name of New Registered Agent		
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	······
New Registered Office Address:	(Florida street address)	. Florida

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>	Name	<u>Addres</u> s	
1) Change	S	EDDY G. ESTEVEZ	1132 MOHAWK PKWY	
X Add			CAPE CORAL FL 33914	
Remove				
2) X Change	VP	YILBERT J. CASTILLO CONFINO	2600 20TH ST W	
Add			LEHIGH ACRES, FL 33971	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(9 // 4/2/	
M-14-0-7-7	

•

	07/26/2024	
	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this document's effective date on the I		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	f votes east for the amendment(s)
	proved by the shareholders through voting reach voting group entitled to vote separa	
"The number of votes can	it for the amendment(s) was/were sufficier	nt for approval
by		, "
,	(voting group)	
07/26/203 Dated	<u> </u>	
مالمو کی		
(By a select	director, president or other officer – if director, president or other officer – if direct, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	
	ORLANDO DUQUE	
	(Typed or printed name of pe	rson signing)
	PRESIDENT	
	(Title of person signing)	

. . .