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COVER LETTER

TO: Amendment Section Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jack Lockspeiser | NAME OF CORPORA | TION: SOFLO HVAC IN | C | |
|---|--|--|---------------------------------------|---|
| Please return all correspondence concerning this matter to the following: Jack Lockspeiser | | P24000051596 | | |
| Dack Lockspeiser Name of Contact Person | The enclosed Articles of | "Amendment and fee are su | bmitted for filing. | |
| Name of Contact Person Above All Accounting LLC Firm/ Company 285 NE 185th Street #24 Address Miami, FL 33179 City/ State and Zip Code jack@aboveallaccounting.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jack Lockspeiser Name of Contact Person at (305) 467-7789 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Certificate of Status Certified Copy Certificate of Status (Additional Copy in Certificate Copy certified Co | Please return all correspo | ondence concerning this ma | itter to the following: | |
| Above All Accounting LLC Firm/ Company 285 NE 185th Street #24 Address Miami, FL 33179 City/ State and Zip Code jack@aboveallaccounting.net E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: Jack Lockspeiser Name of Contact Person The Accidence of States Area Code & Daytime Telephone Number of State: State States States Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy | J; | ack Lockspeiser | | |
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| City/ State and Zip Code jack@aboveallaccounting.net | 2 | 85 NE 185th Street #24 | | |
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| jack@aboveallaccounting.net | Ŋ | fiami, FL 33179 | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jack Lockspeiser at (305 | | | City/ State and Zip Cod | e |
| For further information concerning this matter, please call: Jack Lockspeiser at (305 | ja | ick@aboveallaccounting.ne | t | |
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| Enclosed is a check for the following amount made payable to the Florida Department of State: \$\int \text{S35 Filing Fee} \text{S43.75 Filing Fee} \text{\text{\$\text{\$\text{S43.75 Filing Fee}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy}}} \$\text{ | rot turner (mormation c | toncerning this matter, piea. | se can. | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: \$\int \text{S35 Filing Fee} \text{S43.75 Filing Fee} \text{\text{\$\text{\$\text{S43.75 Filing Fee}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy}}} \$\text{ | Jack Lockspeiser | | 305 at (| 467-7789 |
| \$\ \$35 \text{Filing Fee} \B\$43.75 \text{Filing Fee} & \B\$43.75 \text{Filing Fee} & \B\$52.50 \text{Filing Fee} \\ \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} \\ \text{(Additional copy is enclosed)} & \text{(Additional Copy} \end{array} | Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy | Enclosed is a check for t | he following amount made | payable to the Florida Depa | artment of State: |
| | S35 Filing Fee | | Certified Copy (Additional copy is | Certificate of Status Certified Copy (Additional Copy |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 | Amendment Section Division of Corporations P.O. Box 6327 | | Amend Divisio The C | lment Section on of Corporations entre of Tallahassee |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



| | Fill 4: 23 |
|---|---|
| (Name of Corporation as currently f | led with the Florida Dept. of State) |
| (Document Number of C | orporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation: | rida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation; | |
| name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | The new apany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word |
| 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 new registered agent and/or the new registered office address: | s in Florida, enter the name of the |
| Name of New Registered Agent | |
| (Florida street | address) |
| New Registered Office Address: (C) | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | a and accept the obligations of the position. |
| Signature of New Regi | stered 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 Do | <u>c</u> | |
|----------------------------|--------------|------------|------------------|---------------------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | sv | | Kevin S Williams | 4397 Willow Pond Circle |
| X Add | | | | West Palm Beach, FL 33417 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | · - | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | uonal sheets, if necesso | ary). (Be specific) | ge(s) here: | | |
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| provisions | for implementing the | <u>e amendment if not e.</u> /A) | | | |
| provisions | dment provides for an for implementing the applicable, indicate N | e amendment if not co (A) | | | |
| provisions | for implementing the | e amendment if not co /A) | | | |
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| | 08/10/2024 | |
|---|---|--|
| The date of each amendment(s) | | , if other than the |
| date this document was signed. | | |
| | /07/2024 | |
| 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 | | ory filing requirements, this date will 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 dire | ectors 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. | votes cast for the amendment(s) |
| | pproved by the shareholders through voting or each voting group entitled to vote separa | |
| "The number of votes ca | st for the amendment(s) was/were sufficient | for approval |
| by | | ," |
| | (voting group) | |
| | Q 100104 | |
| Dated | 8/29/24 | |
| Signature | Jaloh X Williams | |
| (Ву а | director, president or other officer - if direct | |
| | ted, by an incorporator - if in the hands of a | receiver, trustee, or other court |
| appo | inted fiduciary by that fiduciary) | |
| | Kalib X Williams | |
| | (Typed or printed name of per | son signing) |
| | President | |
| | (Title of person signing) | |