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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOWARI	S Air Con	DITIONING AND REFRIG
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
SARAH H	OWARD	<u>·</u>
	Name of Contact Person	on
Howards Air Con	Firm/ Company	on Ho Rangerigeration, INC.
2452 NW H	BUDARD AL) /=
	Marrice	
ARCADIA, FO	34266	
THEORY	City/ State and Zin Cod	16
	, out and 25,p Co.	
E-mail address: (to be used		t notification)
For further information concerning this matter, please	call:	
Sakon E / walks	at (de & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Depa	artment of State:
Wertificate 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. Box 6327 Tallahassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

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Articles of Amendment to

Articles of Incorporation of

18 JAN 16 PM 12: 19

(Name of Corporation as currently	friggration INC.
	y filed with the Florida Dept. of State)
P9200009345	
(Document Number of	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:	
K//a.	
name must be distinguishable and contain the word "corporation" (Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stre	et address)
New Registered Office Address:	
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ìth and accept the obligations of the position.
N/4	egistered Agent, if changing
Signature of New Re	egistered Agent, if 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: $P \sim President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO | Chief$ 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: X Change PT John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones X Add \underline{SV} Sally Smith Type of Action Title Name Address (Check One) KEVIN HOWARD 2452 NW Howard AVE 1) ____ Change ____ Add ARCADIA, FL. 34266 X_ Remove 2) X Change SARAH HOWARD 2452 NW Howard xue ____ Add ARCADIA FL 34266 ___ Remove CAROLYN HOWARD 3) ____ Change X Add Arcadia FL 34266 ___ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ...__ Add ____ Remove

6) _____ Change

___ Add

__ Remove

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NET)		adding additional Artic d sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	 _
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	II not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
(Typed or printed name of person signing)	
(Title of person signing)	