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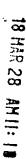


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And

R. WHITE MAR 2 9 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FARTER	AND	Sons	Aia	Caroine	NINL	CNA	HEATING	INC.
DOCUMENT NUMBER:							· <u>-</u>		
The enclosed Articles of Amend	<i>lment</i> and fee	are sul	bmitted	for filin	g.				
Please return all correspondence	concerning th	nis mat	tter to th	e follov	ving:				
RICHA	no K.	5	CHN'	e I D	ER_				
			Nam	e of Co	ntact Persor	1			
FATHER	our Sons I	fie C	owin or	VI MG	And HEA	1716	INC		
			I	Firm/ C	ompany				
2245	CONTRA	L,	Avena	ધ					
<u> </u>			<u>-</u> '	Add	ress				
SAINT	CENTRAL PETERS	เพณ	. F	-L ,	337	13			
			City/	State a	nd Zip Code	e			<u> </u>
E-ma	427@LII ail address: (to	be us	ed for fi	iture an	nual report	notifica	tion)		
For further information concerni	ing this matter	, pleas	e call:						
RICHARD "KEVIN" 5	CHNZIO	ER		at (_	72 <u>7</u>	_):	580	- 335	4
Name of Contact	Person				Area Co	de & Da	ytime T	Telephone 1	Number
Enclosed is a check for the follo	wing amount	made p	payable 1	to the F	lorida Depa	rtment (of State:	:	
ū	3.75 Filing Fertificate of Sta		Cer (Add	tified C	ng Fee & opy copy is	Cer Cer (Ad	2.50 Fili tificate tified C Iditiona enclosed	of Status opy I Copy	
Mailing Add	ress				Street	Addr <u>es</u>	<u>s</u>		
Amendment Section				Amendment Section					
Division of Corporations				Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314				2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



FATHER	AND	Sons	AIR	CADITIONING	AND	HEATING	Inc.	18 MAR 28	AH 11: 18
			(<u>Name</u>	of Corporation as cu	rrently fi	led with the Flo	orida Dept.	of State)	The second of th
	<u>.</u>								
				(Document Num	nber of Co	orporation (if kn	own)		
Pursuant to t its Articles o			ction 607	.1006, Florida Statutes	s, this <i>Flo</i>	rida Profit Cor _l	<i>poration</i> add	opts the followir	ig amendment(s) t
A. If amend	ling nam	e, enter t	he new n	ame of the corporation	on:				
									_The new
"Corp.," "In	nc.," or		he design	ntain the word "corpo nation "Corp," "Inc,' ation," or the abbrevia	or "Co	". A profession	r "incorpoi nal corporai	rated" or the a tion name must	bbreviation contain the
				if applicable: TREET ADDRESS)	-				
C. F-4				Park I.	-				
C. Enter no (Mailing				OFFICE BOX	-				
					-				
				nd/or registered office w registered office ad		in Florida, ent	er the name	e of the	
<u>Nan</u>	ne of Nev	v Register	ed Agent						-
				(Flor	ida street (address)		<u> </u>	_
<u>New</u>	Register	red Office	<u>Address</u> :					Florida	
					(Cii	(v)		(Zip	Code)
				thanging Registered A tered agent. I am fam		and accept the	obligations	of the position.	
				Signature of	Now Roai	stored Agent if	chanaina		-

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 <math>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	<u>PT</u>	John D	<u>oe</u>						
X Remove	<u>v</u>	Mike J	<u>ones</u>						
X Add	<u>sv</u>	Sally S	mith						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s		_
1) Change	V.S	<u>.</u>	MUNICA	R.	SCHNETOE	R		9320	
X Add							Semin	ove fl	, ,
Remove							3	3177	
2) Change	<u>v 5</u>	• •	RICHARD	¥. <	DCHNETDER		9601	9300	ST
Add							SEMINO	ir fl	, •
Remove							337		
3) Change		_				-			
Add									
Remove					·				
4) Change									
Add									
Remove									<u> </u>
5) Change		_							
Add									
Remove									
6) Change									
Add	-					-			
Remove									

Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
DLOARIOUS TOL IMDIGUEUTIUS TOE SUIT	endment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	loption: 3 - 23 - 18	, if other than the
late this document was signed.	•	
Effective date <u>if applicable</u> :	5-23-18	
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for approve	al
by	(voting group)	.,,
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action	and shareholder
Dated3 - 2	3-18	
Signature)
(By a d	rector president or other officer - if directors or offi	
appoint	I, by an incorporator – if in the hands of a receiver, to ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing	
	(Typed or printed name of person signing	()
	Orma, Passisar (Title of person signing)	
	(Title of person signing)	