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Amend 10 5/19/14

COVER LETTER

TO: Amendmen Division of	t Section • Corporations					
	RPORATION: Acutemp Air		d Applicance, Inc.			
The enclosed Ar	ticles of Amendment and fee are su	abmitted for filing.				
Please return all	correspondence concerning this ma	tter to the following:				
	Albert Ferrante)				
		Name of Contact Perso	n			
		Firm/ Company				
	4005 SW Briarbrook Way					
	Palm City, FL	Address				
	· aiii oity, i E	City/ State and Zip Cod	e			
	alandjoan34990@ E-mail address: (to be us	gmail.com sed for future annual report	notification)			
For further infor	mation concerning this matter, pleas	se call:				
Albert F	errante	at (772	_, 220-4444			
N	lame of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing F	ee □S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
ga notiti .	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 266] E	Address Iment Section on of Corporations Building Executive Center Circle			

Articles of Amendment Articles of Incorporation

Acutemp Air Conditioning and Appliance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ng amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mus word "chartered," "professional association," or the abbreviation "P.A."	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
	- - ♣ ॐ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	在世刊一种是37
	- 星
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 Christopher Kirkman	
4005 SW Briarbrook Way	
(Florida street address) New Registered Office Address: Palm City, FL Florida 34990	
(City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I gm familiar with and accept the obligations of the position	

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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VP		Albert Ferrante	4005 SW Briarbrook Way	
Add				Palm City, FL 34990	
Remove					
2) Change	STD		Joan Ferrante	4005 SW Briarbrook Way	
Add				Palm City, FL 34990	
Remove					
3) Change		_		tigation in the second	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		******			
Remove					
6) Change		_			
Add				***************************************	
Remove					

	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
	is amended to read as follows:
he aggrega	ate number of shares which the corporation shall have authority to issue
1000 with	no par value.
	
	
provisions f	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
_	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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)	
(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 5-05-14	
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)	
Joan Ferrante	put.
(Typed or printed name of person signing)	····
Sec, Tres, Dir.	
(Title of person signing)	