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JALLAHASSEE, FLORIDA 2017

SEP 0 7

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	la Pools, corp.
_	14000017304
The enclosed Articles of Amendment and fee are	submitted for filing.
 Please return all correspondence concerning this m	natter to the following:
ļl	01 1116
- !!	Name of Contact Person
	Name of Contact Person
	Firm/ Company
127	ta SW 266 Terr
	Address
M,	Address Address City/ State and Zip Code
	City/ State and Zip Code
<u>contac</u>	t Ovillapools.com used for future annual report notification)
E-man address, (to be	used for future annual report normcation)
For further information concerning this matter, ple	ase call:
Olga Villa	at (305) 972-7087 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Vil	la Pools	Core.	
(Name of Cor	poration as currently	filed with the Florida Dept.	of State)
P	14 0000	17304	
(Document Number of (Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	 Florida Statutes, this <i>F</i> 	lorida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of	{ the corporation:		
	1		741
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corporati	The new ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if appl	 içable:		
(Principal office address MUST BE A STREE			. 18 1
		_ 	Page 17
C. Enter new mailing address, if applicable:			SSE - LE
(Mailing address MAY BE A POST OFFIC			<u> </u>
			平台 一
			<u> </u>
D. If amending the registered agent and/or re	 	ss in Florida, enter the name	of the
new registered agent and/or the new regis		<u></u>	
Name of New Registered Agent			
Same of Sen regimered figen		<u> </u>	
	(Florida stree	d I I	
	Triorida siree	i (dairess)	
New Registered Office Address:	<u> </u>		Plorida
	"	Tity)	(Zīp Code)
New Registered Agent's Signature, if changin	 		
I hereby accept the appointment as registered as		th and accept the obligations o	of the position.
	Signature of New Res	gistered Agent, if changing	
	1		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	nd
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 PVD.

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 Doe		
X Remove	\underline{V}	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u>ne</u> 	<u>Addres</u> s
1) Change	5	<u>A</u> _	ngel Lvis Ramos	13320 Biscayne Dr.
Add				Mpt C
Remove				Itomestead, FL 33033
2) Change			i i	
Add				
Remove				
3) Change			<u> </u>	
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change				
Add				
Remove			1	
6) Change				
Add				
Remove				

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Attach additional sheets, if necessary). (
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	an Productification, or consollation of iccord charge
f an amendment provides for an exchange provisions for implementing the amends	ment if not contained in the amendment itself:
f an amendment provides for an exchange provisions for implementing the amendre (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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The date of each amendment(s) adoption:date this document was signed.	8/25/17	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	the proof of the p	ot be listed as the
Adoption of Amendment(s) (CH	 <u>ECK ONE</u>)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amer		
by	ing group)	
☐ The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the	board of directors without shareholder action and shareholder	
/ action was not required. Dated Signature		
(By a director, presi selected, by an inco appointed fiduciary	dent or other officer—I directors or officers have not been reporator—if in the hands of a receiver, trustee, or other court by that fiduciary) Gerardo Villa Typed or printed name of person signing)	
,	President	
	(Title of person signing)	
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