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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE STOP POOL PRO	OS CONSTRUCTION, INC.
DOCUMENT NUMBER: P16000091569	
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
DAGOBERTO CABRAL	
1	Same of Contact Person
ONE STOP POOL PROS CONS	TRUCTION, INC.
	Firm/ Company
1835 E. HALLENDALE BEACH	I BLVD, SUITE 886
	Address
HALLANDALE BEACH, FL 33	900
	City/ State and Zip Code
DCABRAL@1STOPPOOLPROS.COM	1
E-mail address: (to be used t	or future annual report notification)
For further information concerning this matter, please can DAGOBERTO CABRAL	
DAGOBERTO CABRAL	at (at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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ONE STOP POOL PROS CONSTRUCTION, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
	P16000091569
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration:
ONE STOP	POOL PROS FL, INC. The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	C 20
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re of New Registered 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 = 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	o <u>c</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change				 	
Add					
Remove					
2) Change					
Add		_			
Remove					
3) Change	<u></u>	_		 <u> </u>	
Add					<u>-</u>
Remove					
4) Change					
Add		_			
Remove					-
5) Change		_		 	
Add					
Remove					
6) Change		_		 	
Add					
Remove					

Attach ad		additional Art , if necessary).					
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<u>f an ame</u> provision	<u>ndment provi</u> ns for impleme	<u>des for an excl</u> enting the ame	nange, reclassi endment if not	fication, or ca contained in t	ncellation of is the amendment	sued shares, itself:	
(if ne	ot applicable, i	ndicate N/A)				<u></u>	
							
						··-	 -
		 	-				
				-			
			-				

·	12/18/2017	
The date of each amendment		, if other than the
date this document was signed.		
	12/18/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this is Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment re sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
Dated Signature <u>S</u> (B	y a director, president or other officer - if directors or officers have not be lected, by an incorporator - if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	DAGOBERTO CABRAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	