

P 21 0000 18582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

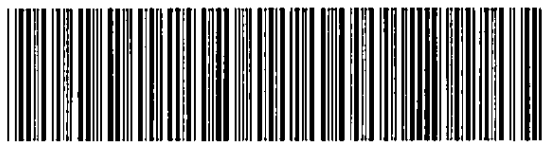
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AG Blue Haven Pools corp

DOCUMENT NUMBER: P21000018582

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aleli Garcia Deyá / Geouane Guimaraes  
Name of Contact Person

~~Alpura~~  
Firm/ Company

13936 Coronado Dr  
Address

Spring Hill, FL, 34609  
City/ State and Zip Code

eliza4020@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleli Garcia Deyá at ( 727 ) 225-5945

Articles of Amendment  
to  
Articles of Incorporation  
of

AG Blue Haven Pools Corp

(Name of Corporation as currently filed with the Florida

P21000018582

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporati*  
its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

AG Building Enterprise 3 Corporation

name must be distinguishable and contain the word "corporation," "company," or "incorporate,"  
"Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
"chartered," "professional association," or the abbreviation "P.A."

(I applied for  
S-corp  
This year)

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the  
new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_

(City)

SECRETARY OF STATE  
TALLAHASSEE, FL

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**If amending the Officers and/or Directors, enter the title and name of each officer/director and the 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; EO= Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one position, President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PTD. If there is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Ad</u>
1) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
2) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
3) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
4) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
5) <input type="checkbox"/> Change	_____	_____	___



The date of each amendment(s) adoption: 3/28/2023  
date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file)

Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without st action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for th by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The fol must be separately provided for each voting group entitled to vote separately on the amen

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

Dated 3/28/2023

Signature AURÉGIA President / Geovane da Silva Guimarães  
(By a director, president or other officer – if directors or officers l selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)

Aleli Garcia Deyá  
(Typed or printed name of person signing)

President / Vi President  
(Title of person signing)