P1900001214/

Office Use Only

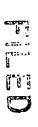


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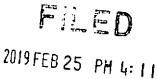
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MAXXPOOL CO	RP				
	ивек:					
	es of Amendment and fee are st	ibmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	MICHELLY FERREIRA					
	Name of Contact Person					
	CAMPANA GROUPS INC					
		Firm/ Company				
	15704 LAKEPOINT FOREST DRIVE					
	Address					
	CHARLOTTE, NC 28278					
		City/ State and Zip Cod	e			
MIC	CHELLY@CAMPANAGROU	PS.COM				
*** ** **	E-mail address: (to be u	sed for future annual report	notification)			
For further informati	ion concerning this matter, plea	se call:				
MICHELLY FERR	EIRA	at (228-0706			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fce	□\$43.75 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)			
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 of



MAXXPOOL CORP (Name of Corporation as currently filed with the Florida Dept. of State), P19000012141 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: MAXXPOOL CORPORATION name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _____ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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	<u>oe</u>		
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	VP		VOLNEI GABRIEL D. MENEZES	1130 S POWERLINE RD	
X Add			-	DEERFIELD BEACH, FL 33442	
Remove					
2) Change	VP		HEDINA JULIANA D. MENEZES	1130 S POWERLINE RD	
X Add				DEERFIELD BEACH, FL 33442	
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			-		
Remove					
6) Change					
Add					
Remove					
Kemove					

Much additional sheets, if necessary).	(Be specific)
	
	
	
	
	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, and amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 02/09/2018	
Signature Volnei Menezes	
(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)	
Volveni Menezes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	