P00000/03981

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Amend Neuro 5-19-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pools	By Juan	
DOCUMENT NUMBER: PODDOOLO	3981	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the Tollowing:	
Richard Dung (Name of	f Contact Person)	··
Pools By Jua	n/ Company)	var.
P6 Box 489	Address)	
Isbmorada Fl	orida 3,303 ate and Zip Code)	<u>ماه</u>
For further information concerning this matter, p	olease call:	
Richard Dunn (Name of Contact Person)	at (<u>305</u>) <u>/o/o 4</u> - (Area Code & Daytime	3533 Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Dep	artment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{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 Cir Tallahassee: FL 32301	rcle

to Articles of Incorporation of

Pools By Jua	n, Inc	•		
(Name of Corporation as curre	ntly filed with	the Florida Dept. of	State) Og	
700000103981			28c 34	
(Document Num	ber of Corporat	ion (if known)		OR TO
	- 	ann alite Witnesde Vin		Ry O
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		tes, this <i>Florida Pro</i>	of the Corporation adopts of	.s, !
A. If amending name, enter the new name of	the corporatio	n:		ALCK.
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.	," or the designation	n "Corp," "Inc," or	į.
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREET</u>		NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		_N/p		
D. If amending the registered agent and/or renew registered agent and/or the new registered agent:			enter the name of the	
Trume of their Regimer on 13gern.				
New Registered Office Address:	(Flor	ida street address)		
_			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			accept the obligations of	the
	•			
	iomature of New	Registered Agent is	Changing	

Page 1 of 3

<u> </u>	<u>Name</u>	Address	Type of Action
U. Pres	Frank Cabara	10841 S.W. 9310 Miami Pl 33176	Add Remove
			_
·			
	ling or adding additional Artiditional sheets, if necessary).		
	-		
	•		
provisi	ons for implementing the ame	hange, reclassification, or cancellation of indiment if not contained in the amendmen	
provisi			
provisi	ons for implementing the ame		

4 11	ue uate or each amonomoreto)	manherrar
Efi	ffective date <u>if applicable</u> : (n	10 more than 90 days after amendment file date)
Ad	doption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
		approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	"The number of votes cas	t for the amendment(s) was/were sufficient for approval
	by	oting group)
	(V	ung group)
	The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
P	The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
	Dated Po	M 30/2009
	(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	appoin	ted fiduciary by that fiduciary)
		\ \
	` _	Kichard Dan
		(Typed or printed name of person signing)
		Director President
	_	(Title of person signing)