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2018 JUL 30 PH 2: 48
SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDENAUG - 2 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Pool Hall Corpora	tion			
DOCUMENT NUMBE					
	**************************************	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
Į.	atricia Luis				
-		Name of Contact Persor	1		
P	Pool Hall Corporation				
_		Firm/ Company	······································		
i	0240 SW 125 Avenue				
_	·-	Address			
	tiam, FL 33186				
_		City/ State and Zip Cod	e		
PMLui	s28@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Patricia Luis		305	595-6590		
Name of	Contact Person	Area Co) 595-6590 de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depe	artment of State:		
S35 Filling Fee	□\$43.75 Filing Fee & 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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304			

Articles of Amendment Articles of Incorporation οſ

FILED

2018 JUL 30 PM 2: 48

Pool Hall Corporation

(Name of Corporation as currently filed with the Florida Dept. of State) OF STATE TALLAHASSEE, FL Pool Hall Corporation (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: 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 Registored 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 Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>8V</u>	Sally Smith				
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s			
1) Change	PD	Angelo Agreda	10240 SW 125 Avenue			
Add X Remove			Miami, Fl 33186			
2) X Change	PD	Patricia Luis	10240 SW 125 Avenue			
Add			Miami, Fl 33186			
Remove 3.) Change	VP	Patricia Castellano	7600 SW 127 Dr			
X Add Remove			Miami, F1 33183			
4) Change Add	_					
Remove Change Add						
Remove						
6) Change Add						
Romovo						

Attach additional sheets	i, if necessary).	(Be specific)	nge(s) here:			
						
						
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lf an amendment proy	<u>ides for an eych</u>	ange, reclassif	ication, or ca	<u>ncellation of is</u>	sued shares,	
<u>provisions for implem</u> (if not applicable,	<u>ienting the amer</u> <i>indicate X</i> (1)	<u>adment if not c</u>	contained in t	<u>he amendme</u> n	<u>t_itself:</u>	
tit in this tit.	marchite in high					
						

The date of each amendmen date this document was signed		, if other than the
_	May 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this of the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	ere approved by the shareholders through voting groups. The following stater led for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	es east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
May Dated	x fletice of Juis	
Signature _		
s	By a director, president or other officer – if directors or officers have not bee relected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that (fiduciary)	
	Patricia Luis PATRICIA M LUIS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	