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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: THE POOL SURGEON INC. P04000010278 DOCUMENT NUMBER: The enclosed Articles of Amendment and tee are submitted for filing. Please return all correspondence concerning this matter to the following: MITCHELL KATZ CPA Name of Contact Person FREUND KATZ GOLDSTON YOUNG & CO PA Firm/ Company 210 N UNIVERSITY DRIVE STE 302 Address CORAL SPRINGS FLORIDA 33071 City/ State and Zip Code SPARKSSISTER@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MITCHELL KATZ 954) 345-8666 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$43.75 Filling Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

OI.	L	1
THE POOL SURGEON INC.		
(Name of Corporation as currently filed with the Florida Dept. of State)	i	
. P04000010278		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folits Articles of Incorporation:	llowing amend	dment(s) to
A. If amending name, enter the new name of the corporation:		,
	The	Hem.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEGRE SEGRE	- - - m
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	T-30-PM-1:-E-I	ILED
(Florida street address)		
New Registered Office Address:	(Zip Code)	_
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 post Signature of New Registered Agent, if changing	ition.	

iddress of each Office Attach additional sheet Please note the officerle P = President; V = Vice Executive Officer; CFC field, President, Treasur Changes should be note	r and/or I s, if neces, lirector tit e Presiden Thief cer, Direct d in the fo	Director h sary) le by the f le ty the f lt: T= Tre Financial for would oflowing n vorporatio	neing added: Sirst letter of the affice title; Susurer; S= Secretary; D= Director; Officer. If an officer/director holds the PTD. Sannar. Currently John Doe is listed on, Sally Smith is named the V and S.	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	<u>Sally Si</u>	<u>mith</u>	
Type of Action Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change	T		RAYMOND P. MERKLE	4530 NE 5 AVENUE
X Add				FT LAUDERDALE FL 33334
Remove				
2) Change		_		-
Add				
Remove				
S) Change		_		
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Remove				
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__ Remove

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<u>f an amendment p</u>	rovides for an excl	range, reclassifica	ttion, or cancellat	ion of issued share	<u>.s.</u>	
provisions for imp	ble, indicate N/A)	namen o not con	ttamed in the unit	matter (CSCII)		
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The date of each amendment(s) adoption: date this document was signed.	·	_, if other than the
date this document was signed.		'
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
•	tho more than 90 days after amenament file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not State's records.	not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	1
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders was/were sufficient for the shareholders.	the shareholders. The number of votes cast for the amendment(s) or approval.	i
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes east for the ar	mendment(s) was/were sufficient for approval	
by	<u> </u>	1
,	(voting group)	
The amendment(s) was/were adopted by a action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated <u>10-23</u>	5-17 ANVIII	<u> </u>
selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court lary by that (iduciary)	-
	CHRISTOPHER MERKLE	
 .	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	