## P04000054096

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SECONDA 2: 37

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## **COVER LETTER**

TO: Amendment Section Division of Corporations  (DBA BARRACUOA ROLS)			
NAME OF CORPORATION: COETZ POOL+ SPA REGAIR +V	ograde inc		
DOCUMENT NUMBER: <u>00400054096</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MATTHEW DALE GOETZ  Name of Contact Person			
(OBA) BARRACIDA POOLS			
4270 NE 11th AVE Address			
POMPAND BEACH FL 3306	4		
michiganagtora comast. net E-may addressy (to be used for future annual report notification)	<i></i>		
For further information concerning this matter, please call:			
MANTHEN DAVE GOETZ at (954) 854-30  Name of Contact Person Area Code & Daytime Telepho	H67  one Number		
Enclosed is a check for the following amount made payable to the Florida Departme	nt of State:		
■\$35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address			
Amendment Section Amendment Section  Division of Corporations Division of Corporations	Amendment Section		
P.O. Box 6327 Clifton Building	•		
Tallahassee, FL 32314 2661 Executive Center Circle	2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

to

A	of	DBA BARRAU	ona Pools)
GOETZ POOL + SPA R	SPAIR + UPGRA	HOE INC	
(Name of Corporation as curren	atly filed with the Florida	Dept. of State)	
P040000541	96		
(Document Numb	per of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	orida Profit Corporation	n adopts the following
A. If amending name, enter the new name of	the corporation:		
			70 <b>-</b>
name must be distinguishable and contain th	ne word "corneration"	"company" or "incor	The new,
abbreviation "Corp.," "Inc.," or Co.," or the coname must contain the word "chartered," "professional contains the contain	designation "Corp," "Inc	," or "Co". A profession	onal corporation
B. Enter new principal office address, if appli			
(Principal office address MUST BE A STREET	<u>(ADDRESS</u> )		<u> </u>
	<del> , ,</del>		ggi teris — <del>mad</del> Tak
	*****		<del></del>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>(E BOX</u> )		
	<del>,</del>		
			<del></del>
D. If amending the registered agent and/or re		Florida, enter the nam	e of the
new registered agent and/or the new regist	tereu omice auuress:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		D1. 14.	
<del>-</del>	(City)	, Florida_ (Zip Code)	
	(Ony)	(Lip Code)	
New Registered Agent's Signature, if changing		nd accent the obligations	of the position
I hereby accept the appointment as registered ag	eni. 1 am jamiliar with a	па ассері ine oviigations	oj ine position.
Sig	gnature of New Registered	l 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)

<u>Title</u> N	ame	Address	Type of Action
CFO :	HEATHER ELAINE GOETZ	4270 NE 11th AVE POMPANO BEACH FLORIDA 33064	Add Remove
			Add Remove
	<del></del>		Add Remove
(attach addition	nal sheets, if necessary). (Be specific	)	
provisions for	nent provides for an exchange, reclass rimplementing the amendment if no blicable, indicate N/A)		
	NA		
4-,	V-VIII		

'. The date of each amendment(s) ad	loption:	4160	1.1	
		of adoption i	s required)	
Effective date <u>if applicable</u> :	.1 00 1		CI III	<u></u>
(no i	nore than 90 days aj	ter amendm	ent file date)	
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )		
The amendment(s) was/were ado by the shareholders was/were sur	-		umber of votes cas	t for the amendment(s)
The amendment(s) was/were app must be separately provided for				
"The number of votes cast for	or the amendment(s)	was/were su	ufficient for approv	/al
by			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voti	ng group)			
The amendment(s) was/were ado action was not required.	pted by the board of	directors wi	ithout shareholder	action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorpor	ators withou	t shareholder actio	on and shareholder
Dated	16/2011	<b>M</b>		
Signature // /A	the D.	/17	)	
	ector, president or ot			
			ds of a receiver, tr	ustee, or other court
appointed	I fiduciary by that fid	iuciary)		
		DALI inted name o	S 60 E7 of person signing)	-2_
	CEO			
	(Title of person s	rionino)		