P05000048679

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	: ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	s Certificates of Status				
Special Instructions to Filing Officer:					
•		-			
		,			

Office Use Only



400182097714

06/18/10--01017--013 **35.00

SECRETARY OF STATE

Amend

B JUN 2 1 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	AME OF CORPORATION: Poolsure of South Florida, Inc.				
DOCUMENT NUM	BER:	P05000048679			
The enclosed Articles	s of Amendment and fee a	re submitted for filing.	,		
Please return all corre	espondence concerning thi	is matter to the following:			
		Michael Levine			
	N	ame of Contact Person			
•		•			
·	Poolsu	re of South Florida, Inc.			
		Firm/ Company			
	4800	NW 15th Ave, Unit 1C			
		Address			
	Fort I	Lauderdale, FL 33309			
		lity/ State and Zip Code			
	Č	nty, blate and zip code			
	mlevir	ne@pools1.com			
	E-mail address: (to be use	d for future annual report notification)			
For further information	on concerning this matter,	please call:			
Mic	chael Levine		551-6415		
Name of	Contact Person	Area Code & Daytime Te	elephone Number		
Enclosed is a check f	or the following amount n	nade payable to the Florida Depar	rtment of State:		
	\$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 Add	ress	Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circ	ele		

Tallahassee, FL 32301

Articles of Amendment

Poolsure of South Florida, Inc.

P05000048679

••		•	
	Articles of A	mendment	
	to Articles of Inc	ornoration .	
	of	ayo, Er	
Poolsure	of South Flori	da, Inc. the Florida Dept. of State)	
(Name of Corporation as ci		the Florida Dent. of State)	
•		AHASSE OF	
- · · · ·	05000048679 Number of Corpora		
(Document)	uniber of Corpora	non (ii known)	
ursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation		tes, this Florida Profit Corporation adopts the followin	
a. If amending name, enter the new nam	e of the corporation	on:	
ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "C	poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation fation," or the abbreviation "P.A."	
. Enter new principal office address, if	applicable:	4800 NW 15th Ave., Unit 1C	
Principal office address <u>MUST BE A STR</u>		; 5. 11	
		Fort Lauderdale, FL 33309	
		•	
. Enter new mailing address, if applica	ble:		
(Mailing address <u>MAY BE A POST OF</u>		4800 NW 15th Ave., Unit 1C	
		Fort Lauderdale, FL 33309	
·		TOTT Lauderdale, 1 E 00000	
D. If amending the registered agent and/ new registered agent and/or the new r		e address in Florida, enter the name of the dress:	
Name of New Registered Agent:			
nume of their Registered Agent.			
Nav. Pagistavad Office Address.		ith Ave., Unit 1C	
New Registered Office Address:	,	rida street address)	
	Fort Laudero		
	(City)	(Zip Code)	
New Registered Agent's Signature, if cha			
hereby accept the appointment as register	ed agent. I am fan	illar with and accept the obligations of the position.	
	-m. I	emina	
•	Signature of Nev	v 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)

Title Name Address Type of Action Р Mitchell Brandt ☐ Add 4800 NW 15th Ave Remove Unit 1C Forti Lauderdale, FL 33309 Michael Levine VP. ☐ Add 4800 NW 15th Ave ☐ Remove Unit 1C Fort Lauderdale, FL 33309, ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) a	doption: 6-1-10		·
. • • Effective date <u>if applicable:</u>	(date of adoption is r	equired)	; ;
(no	more than 90 days after amendmen	t file date)	•
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were ad by the shareholders was/were su	lopted by the shareholders. The numural ficient for approval.	iber of votes	cast for the amendment(
	proved by the shareholders through each voting group entitled to vote s		
"The number of votes cast	for the amendment(s) was/were suff	icient for app	roval
by	13-10-1))	•
(vot	ing group)		
action was not required.	lopted by the board of directors with		;
The amendment(s) was/were ad action was not required.	lopted by the incorporators without s	hareholder a	ction and shareholder
Dated 6-7-10		;	
Signature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
selected	rector president or other officer — if , by an incorporator — if in the hands ed fiduciary by that fiduciary)		
•	Mitchell Brar	ndt	•
	(Typed or printed name of	person signin	g)
	President		
	(Title of nerson signing)	•	