P05000091581

(Requestor's Name)				
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SECRUTARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CODDO		Inc.			
	P05000081581		<u> </u>		
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	PO5000081581 ENT NUMBER: Seed Articles of Amendment and fee are submitted for filing. urn all correspondence concerning this matter to the following: Tania Koch Name of Contact Person Pearl's Pool Care. Inc Firm/ Company PO Box 7290 Address North Port. FL 34290 City/ State and Zip Code pearlspoolcare@yahoo.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: ch y41 426-5566 at (
	Tania Koch				
		Name of Contact Perso	n		
	Pearl's Pool Care, Inc				
		Firm/ Company	_		
	PO Box 7290				
	Address				
	North Port, FL 34290				
		City/ State and Zip Cod	e		
per	urlspoolcare@yahoo.com				
	DF CORPORATION: PD5000081581 IENT NUMBER: Deset Articles of Amendment and fee are submitted for filing. turn all correspondence concerning this matter to the following: Tania Koch Pearl's Pool Care. Inc Firm/ Company PO Box 7290 Address North Port, FL 34290 City/ State and Zip Code pearlspoolcare@yahoo.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: sch Name of Contact Person Area Code & Daytime Telephone Number is a check for the following amount made payable to the Florida Department of State: illing Fee Certificate of Status Certified Copy (Additional copy is certified Copy is enclosed) Mailing Address: Street Address:				
			•		
For further information	on concerning this matter, plea	se call:			
Tania Koch		9.11	426-5566		
	•	at (_)		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy		
Mailing Ado	lress:	Street Address			
Amendment	Section	Amend	Iment Section		
Division of 0	Corporations	Divisio	on of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

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Pearl's Pool Care, Inc.

(8) (6)	o assumently Glad with the Fil	anida Dane af Seasa		Ó
(Name of Corporation a: P05000081581	s currently filed with the Fl	orida Dept. of State)	G F	
T (), (), (), (), (), (), (), (), (), (),			- 6m	, 0
(Docume	nt Number of Corporation (if	known)	ア	
Pursuant to the provisions of section 607 Incorporation:	7.1006, Florida Statutes, this o	corporation adopts the following	g amendment(s) t	o its Articles
A. If amending name, enter the new n	ame of the corporation:			
Not applicable				
				he new
name must be distinguishable and contain "Inc" or Co.," or the designation "C	n the word "corporation," "c Corp," "Inc," or "Co". A	ompany," or "incorporated" or . -professional_corporation_nam	the abbreviation ' e-must-contain-to	'Corp.,'' he word
chartered, " "professional association,"		1		
	· · · · · · · · · · · · · · · · · · ·	Not applicable		
3. Enter new principal office address, Principal office address MUST BE A S			· · · · · · · · · · · · · · · · · · ·	
	,			
				
C. Enter new mailing address, if appl	icable;	Not applicable		
(Mailing address MAY BE A POST				
S 46 11 11 15 1	1/ 1/ 1/ 00 13	1 121 14 4 4	r.,	
 If amending the registered agent an new registered agent and/or the ne 			oi the	
	Not applicable			
Name of New Registered Agent				
	(Florida str	eet address)		
	Not applicable			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(Cii)		(z.ip Code)	
N	and the second second			
New Registered Agent's Signature, if c hereby accept the appointment as regist		with and accept the obligations of	the position	
me on accept the appointment to region	erea agent i uni junium n	and needy the anightms of	The production.	
Si_{i}	gnature of New Registered As	gent, 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	
X Add	<u>\$V</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)	S	Jason Newman	2511 Luther Rd #1128
1) Change X Add			Punta Gorda, FL 33953
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	_	
Add			
Remove			

• •	ation is organized is to create a general public benefit and:				
N/A					
The general and/or specific public benefit follows (optional): N/A	t(s) to be created by the corporation (in addition to its general purpose)				
- Ar					
The additional qualifications of Benefit E N/A	The additional qualifications of Benefit Director(s), if any, are as follows:				
	,				
The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:					
Name and Title:					
Address:	Address:				
	(Include attachment if necessary)				
Corporation in accordance with s. 607.60	required minimum status vote, terminates its status as a Florida Profit Bo 55, F.S. The revised purpose for which the corporation is organized is as				
N/A					

is organized is:
y the corporation (in addition to the above) is/are as follows (optional):
ctor(s), if any, are as follows:
•
Director(s) and/or Benefit Officer(s), if any:
Name and Title:
Address:
clude attachment if necessary)
tired minimum status vote, terminates its status as a Florida Profit Social F.S. The revised purpose for which the corporation is organized is as foll

G.	If amending or adding additional Articl (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
N/A	.	
Н. ј	If an amendment provides for an exchange provisions for implementing the amenda	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
Both	current Shareholders have agreed to each giving 5 sha	ares to the new Officer. This will give him 10% in shares.

1	11	١/	1	13
	и	1/	17	'

The date of each amendment(s) date this document was signed. 10	adoption:	iI	Cother	than the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	oproved 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 car	st for the amendment(s) was/were sufficient for approval			
by	(voting group)			
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	SECH	2021 OC	
■ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	ETARY	OCT 25	FIL
Dated 10	$\frac{20 31}{2}$	OF STAT	PM 6:	17 1 D
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	Π <u>Π</u> >—	19	
	Tania Koch			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			